JOURNAL OF NURSING

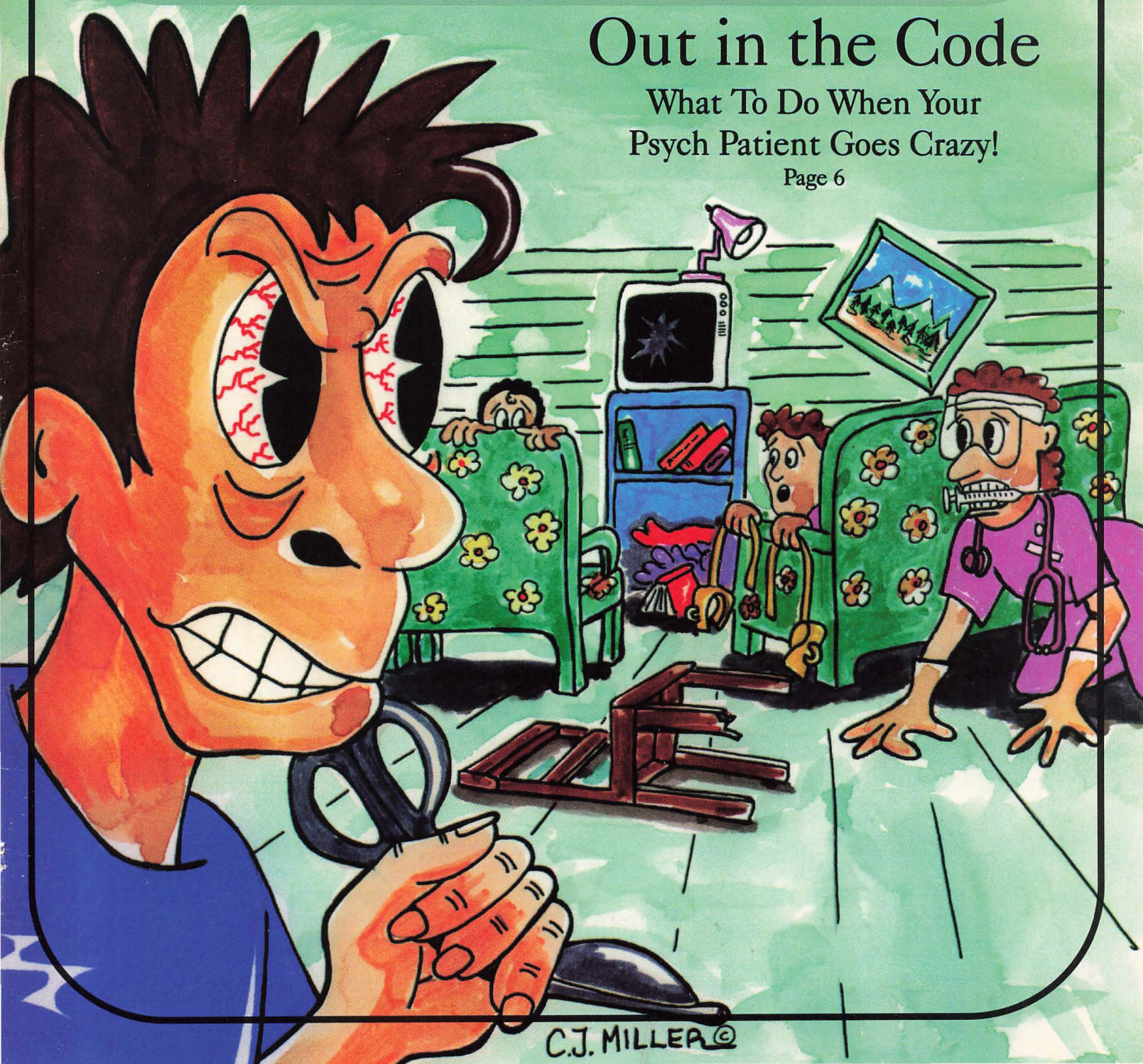
Jocularity

The Humor Magazine for Nurses
Volume 5, Number 3 - Fall, 1995

Out in the Code

What To Do When Your Psych Patient Goes Crazy!

Page 6



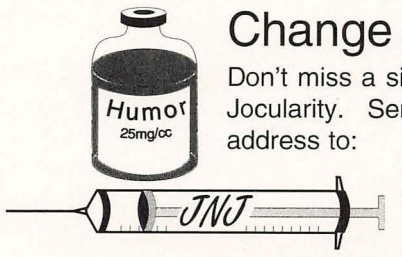
THE JOURNAL OF NURSING JOCULARITY®

Volume 5, Number 3 Fall 1995

Publisher
Douglas Fletcher, RN
CompuServe 73314,3032

Send Correspondence to:
Journal of Nursing Jocularity
P.O. Box 40416
Mesa, AZ 85274

Editor
Fran London, MS, RN
CompuServe 74462,606



Change of Address??

Don't miss a single issue of the Journal of Nursing Jocularity. Send your mailing label and your new address to:

JNJ - Address Change
5615 W. Cermak Rd.
Cicero, IL 60650-2290

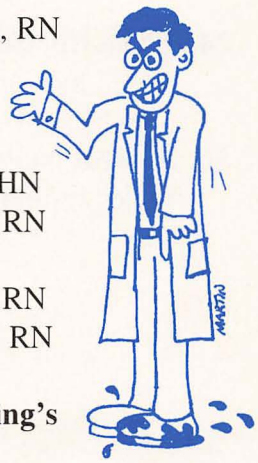
The U.S. Postal Service does not forward magazine after 60 days of your address change. Please allow 8 weeks for Change of Address to be effective.

Journal of Nursing Jocularity®

Table of Contents

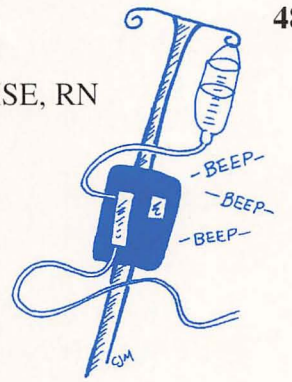
Vol. 5, No. 3 Fall 1995

Features



Cartoons

Departments



Journal of Nursing Jocularity® (ISSN 1055-3088) is published quarterly (February, May, August and November) by JNJ Publishing, Inc., 1815 W. 1st Ave., Suite 122, Mesa, AZ 85202. Second-class postage paid at Mesa, AZ., and additional mailing offices. The Journal of Nursing Jocularity publishes humorous and satirical works in the fields of Nursing, Medicine, and other related disciplines. Send letters and manuscripts to JNJ, P.O. Box 40416, Mesa, AZ 85274.

POSTMASTER: Send address changes to Journal of Nursing Jocularity, 5615 W. Cermak Road, Cicero, IL 60650-2290.

To Subscribe: Send check or Money order (U.S. Funds only) to 5615 W. Cermak Rd., Cicero, IL 60650. See ad on page 43. We are unable to start subscriptions with back issues. Your first issue may take up to 12 weeks for delivery.
Address Changes: Send address changes to Journal of Nursing Jocularity, 5615 W. Cermak Road, Cicero, IL 60650-2290. Please include mailing label when making change of address or inquiring about your subscription. Allow 8 weeks for change of address to become effective.

Subscription Rates

USA	1 Year	2 Years	Canada , Mexico and Foreign	1 Year	2 Years
Individual	$14.95	$25.95	Individual	$18.95	$29.95
Library and Institute	$18.95	$29.95	Library and Institute	$22.95	$33.95

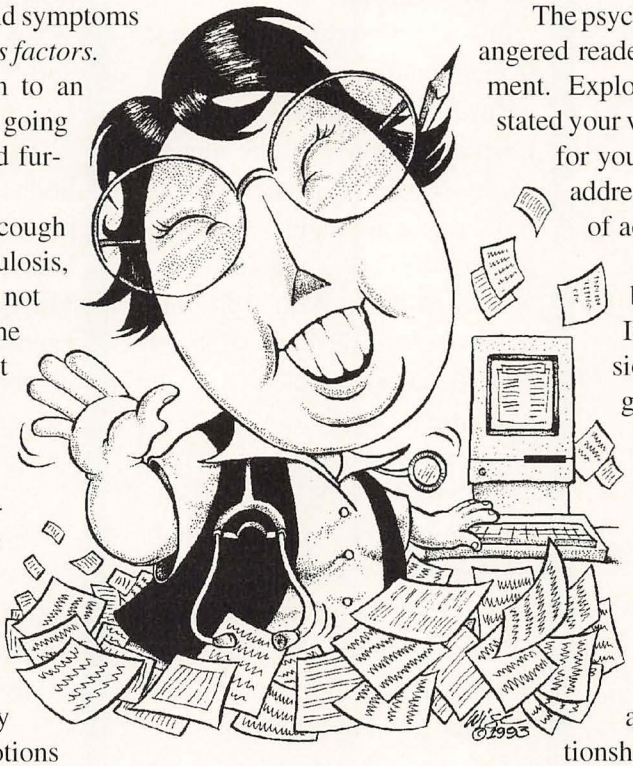
Journal of Nursing Jocularity is indexed in the Cumulative Index to Nursing & Allied Health Literature.
Printed in U.S.A.

EDITOR'S NOTE

Humor can be a sign or a symptom.

It is a sign, like coughing, when it is observable and measurable. It is a symptom, like pain, when it is imperceptible to the observer, but is subjectively reported as felt and experienced.

Humor is not an illness. It is not a germ. Humor is not an exacerbating factor. It, alone, has no power. However, the signs and symptoms of humor can act as *awareness factors.* Humor brings your attention to an issue. It tells you something is going on that needs to be examined further.



Just as supressing the cough does not address the tuberculosis, eliminating the laughter does not address the illness. Indeed, the germ can spread even without the cough.

Truth and pain can produce tensions. Laughter reduces these tensions. However, it is possible to get too tense to laugh. Intense. In tension. Unfortunately, intense tension is too often relieved with an explosion. A burst of uncontrolled energy applied unproductively. Emotions are expressed and the tension is relieved, but it will be back. The source of the tension remains and the coping mechanisms have not changed.

When humor arouses strong negative emotions, ask yourself:

1. What is offensive? The topic? The theme? The message? Specific statements?
2. Why is it offensive to you? Why is it offensive now? What experience has made you sensitive to this issue?
3. What are you doing, besides emotionally responding, to address the problem? What are you doing to move toward a personal resolution, so this won't always be an issue for you?

Occasionally, readers are angered by some topic *JNJ* chooses to laugh about, sometimes even moved to cancel their subscriptions. The inciting issue may be the tensions between management and staff, or between physicians and nurses, or nurses and technicians, or life and death. The issue may be around the image of nursing or pain and suffering.

The psych nurse in me wants to send each angered reader a note saying, "Use this moment. Explore this feeling. Good. You've stated your views. But the issue is still there for you. What are you going to do to address the problem? Develop a plan of action."

JNJ made fun of that topic because it's an issue for us, too. It's a problem we, as a profession, need to address, in order to grow and prosper. In your moment of negative emotional energy, you are aware that this issue is important. Use this energy to move you to address the cause of the tension. Take action. Ask questions. Educate. Change the policy. Write a letter. Write an article. Write a book. Build productive relationships. Change the bureaucracy. Change the laws. Don't just sit there and be angry. We don't have time for that.

A lack of humor, like a lack of a neurological reflex, can be a sign. "That's not funny!" or "That's not a topic to laugh about!" tells you something serious is going on. If you don't treat it, you will continue to suffer from it and it could kill you. Or it could even kill your potential for joy.

Don't ignore a festering infection.

Fran London

Fran London, MS, RN
Editor

Stethoscope:
Listening to our Readers

Since subscribing both for my son and myself in 1992, I have had many side-splitting moments. Also, knowing how difficult and often unrewarding a nurse's job is, I find JNJ a pleasant antidote. Now, since late '92, I have become a frequent ovarian cancer patient. I always take the latest JNJ in to the unit with me and find it a great way to get to know and please the nurses. I am responsible for probably many new subscriptions from this area, which pleases me. I hope when I die—shortly I am told—wherever I go, the JNJ follows me.

Keep making laughs part of our daily prescriptions. Herewith a gift subscription in my name to the Hospice Program Unit, where I shall, no doubt, shortly be. I like the semi-political articles, too. . . . devoted to appreciating nurses, including my ER Charge Nurse son,

Margrit Adler
Champaign, IL

Editor's note: We're honored to have you as a reader. We wish you well.

I have been reading your magazine and laughing out loud. A subscription has been given to my niece as a graduation gift. Some physicians have enjoyed the articles and pictures. (They seem to like the pictures because the pictures required less help from nurses to understand.)

But I have noticed little has been contributed by the nurses in my specialty, gastroenterology endoscopy, and we have a lot to laugh about, as you would suspect. Although not everyone can have a real good chuckle about flatus or human excrement, we do not have elitist views and sometimes just about "bust a gut" (our own) when a patient expels gas that reminds us of a favorite song or an old motor boat we were on. Of course, when the patient has a little brown stuff with the gas and has a direct hit on an unfavorite physician that is just a "given" for out loud laughter.

P.S. I even have the politically correct last name for my area of expertise.

Mary Lou Brown, RN, CGRN
Fairview Park, OH

Please cancel my subscription to the Journal of Nursing Jocularity immediately. The first issue I received (Spring 1995) was appalling. The comments made about Nurse Executives were in poor taste, not to mention downgrading to the Nursing profession as a whole.

The few humorous items I found in this publication were overshadowed by the obvious disrespect noted in "So You Want to Be a Nurse Executive" and "Images of a Perfect Nurse."

These articles portray a very poor image of the Nursing profession, something we have been fighting against for years. This journal is a giant step backward for nurses everywhere.

Patricia Marrello, MS, RN
Assistant Director of Nursing
Rome, NY

Just a note to say congrats on your GVNA award. The JNJ keeps me laughing, also! I share it with many.

Marty Mullane
Rochester, NY

Editor's note: The award referred to is the Media Award offered by the Genesee Valley Nurses' Association for my contribution in support of Nursing as the editor of the Journal of Nursing Jocularity . Thanks again! It's quite an honor! And to think, Rochester and Rome, NY are less than 100 miles apart.

This is a pretty schizophrenic letter, I admit. . .

To begin with, I think your magazine is great! Wonderful! Desperately needed! I couldn't be more enthusiastic about it. I am subscribing now, in fact, my check is enclosed. Keep up with the good work, owing to budget cuts and downsizing, we need y'all if we're going to survive this with out sanity.

But the flip side is I was very upset by the article "The Sea Witch" by Carol Cramer. It was a disgrace. I belong to an organization called the National Association to Advance Fat Acceptance. We are tired of being the last minority (and I'm not sure we are a minority) that it's OK to make fun of. Pick on an African American and you're racist; pick on a fat person and you're motivating them. Yet, it's still a prejudice. Just and acceptable one.

All the dignity Jane possessed was supplanted by her weight in that article. I think the piece was humorless, rude, cruel, insulting and shallow. Carol Cramer needs to apologize to the thin and fat offended by this article.

Jacquie Baldwin
Houston, TX

Editor's note: I didn't see the fat prejudice you picked up on, but appreciate you calling it to our attention. From my viewpoint, Jane's dignity was lost, not by her weight, but by her daughter's inability to see her mother as a human who has just died. The nurse treated Jane with respect. She did not judge Jane by her weight, and expected daughter Doreen to be upset. The humor, albeit sick, was in Doreen's emotional disconnection from her mother. If Jane was thin, Doreen would have said she looked like the Wicked Witch of the West. We nurses make assumptions about family relationships. Sometimes we're wrong.

My husband and I are both nurses and have been reading your magazine since its beginning. We can't begin to tell you how much we enjoy the magazine and how many articles we've shared with coworkers, especially when it pertains to something that has or is happening at our jobs. We in no way find the magazine demoralizing or degrading. We find it to be a great stress release. I've been a nurse for 28+ years, and my husband has been a nurse 11+ years, and in every situation, no matter how horrific or how stressful, we've always found one element of humor,no matter how small. We only wish the magazine was published monthly—it's such a long wait for such a fun magazine.

Earl and Mary Greer
Quincy, MA

I love this humorous magazine! I cut out the best jokes and pictures for our bulletin board in our home-care department. Then I listen to the laughs and chuckles when my coworkers read them. I wish it were monthly cuz we need more humor-on-the-job!

Barbara Cameron, RN
St. Helena, CA

Editor's note: Thanks for the encouragement. But remember that JNJ is just one tool for promoting humor-on-the-job. We want to be your humor catalyst. Read our articles and columns on the therapeutic use of humor. Peruse the resources we offer in The Jocularity Catalog. Use our free speakers bureau to find a humor presentation within your organization's price range. Tune into the humor happening spontaneously around you, write it down and send it to JNJ, so we may share it with others. In the words of Chicago, it's "only the beginning."

Send your correspondence to: JNJ Stethoscope, P.O. Box 40416, Mesa, AZ 85274 or via Compuserve to: Doug Fletcher, 73314,3032. We reserve the right to edit letters for length and clarity.

Out in the Code?

by Mark Darby, RN

Psych nursing has its own special kind of code. In Nursing of the Mind, "code" takes on a special meaning. Dealing with out-of-control patients is called many things, but the object is always the same. How do you get this crazy person under control without killing yourself and others?

For those of you who would aspire to nurse in psych codes but lack practical experience, here are some hints with practical illustrations.

Hint 1. **The best way to avoid injury is to establish a plan.** However, there are those who micro-manage code teams much like Patton ran his army. I can remember some codes that felt like being in a pre-battle briefing. Like the time when the code team was gathered in a conference room getting ready for the restraint, when in walked the self-appointed Code Commander-in-Chief to plan the attack.

"Tenhut!" someone screamed. We snapped to attention.

"At ease, troops. Smoke if you got em," snarled the commander.

"Ladies and gentleman, as you know the objective of this mission is to subdue and control patient Jones, Mike. This patient is particularly key in the establishment of a calm and quiet milieu. His defenses are heavy, his intellect keen. But with a good plan and teamwork we will be able to obtain the mission objectives."

She snapped her riding crop onto the table for emphasis.

"Now, observe carefully," and she pulled down a map of the ward with an attached anatomy chart.

"We will divide up into teams. Able company will approach the objective from the dining room and obtain control of the upper extremities. Baker company will go through the TV room and subdue the lower extremities. Charlie company will have the most difficult mission of all. You will subdue the command and control center on top of the spinal column.

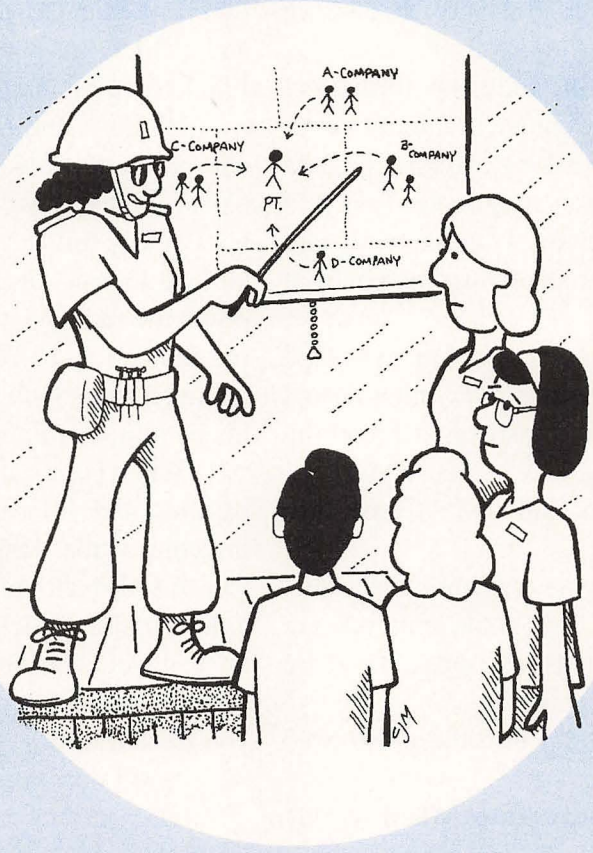
"When the objective is surrounded and all ex-

There are all kinds of codes in nursing. Code browns, code blues, code grays, no codes and codes din mah nose. The ICU/CCU nurse has a very definite image of what a code involves. A code is a patient situation in which the nurse needs to respond therapeutically, in a timely manner and may get only one chance to do it right.

tremities secure, we will escort the patient to Attitude Adjustment Room A102. When secured in five point movement control devices, Delta company will proceed with the Thorazine to the upper outer quadrant.

"Any questions? Good. Let's set our watches. On my mark it is 1902 and 30. Mark. We commence at 1904. Good luck. And I want you people to know, if some of you don't make it back, you're the best damn ward in the whole hospital."

This type of planning may work for Georgie Porgie but may not have total transferability to the medical world.

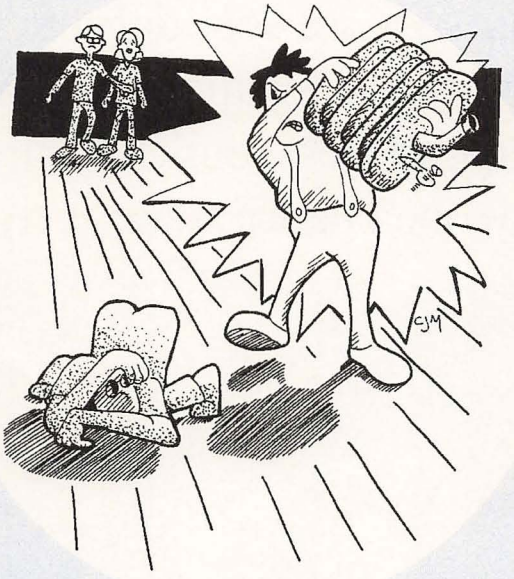


Hint 2. **There is a popular notion that all you have to do for a code is to call security** and get a large steroid-crazed maniac to stand behind you while threatening the patient into submission. In reality it doesn't work that way. The only steroid-crazed maniac who ever volunteered to help me was a COPD patient who wanted in on the fun. And most security guards, while extremely helpful, don't look threatening. A security guard once asked if he should take a nitro before a code, since he just returned to work after

quintuple bypass surgery.

Still, you get by.

Hint 3. **The way you carry out a code changes.** I think the most unique innovation to code work came about when Universal Precautions regulations were developed. Initially, the regulations required all codes to be done in full body suits complete with face shields. The hospital where I worked was really hepped-up on these new regulations, and had people designated in each unit to ensure compliance.



One night, I was in a tense situation and felt the need to provide more external control to a particular patient. I summoned the team and formulated a plan. But before we could do the job, the compliance person made us suit up completely in surgical pants and smock, latex gloves, cap, shield and shoe covers. This particular brand of surgical suits had extra starch in the crotch, causing us to walk like the tin man in the Wizard of Oz.

While we were all getting suited up, the patient was completing a self-study course in interior decorating in the day room, by breaking and throwing the furniture around. While you may have disagreed with the patient's color scheme, Oprah really did look better with a potted plant hanging down in front of the TV screen.

When the five members of the code team walked into the room, we looked like the white coated scientists from ET, with the associated breathing sounds.

I pointed to the patient and said. "Come with us."

He put down the chair he was about to throw, looked right at us and said, "It's about time you got here. I've been sending signals for a week. How are things on Mars? Let's get going."

We did get going. Right into the old locked transporter pad.

Hint 4. **There are many times when a code can be very frightening** because you may be called into a situation you know nothing about. One day, while I was working on the open unit, the announcement, "Dr. Rush, Dr. Rush," from the overhead pager summoned help to the closed unit.

As I ran onto the unit I saw several people congregating outside the Quiet Room. Over their shoulders I could see a rather large psychotic gentleman who had detached a steam radiator from the bolts that held it to the wall. He was holding it over his head, offering it to a nurse to use as a bike helmet. I was told by the unit's charge nurse to "diffuse the situation."

At this point I had three choices:

A) Allow my internal waste disposal system to operate unchecked.

B) Look at my watch, say, "Oh, dinner time," and leave.

C) Foolishly think I could "diffuse the situation" and enter the quiet room armed, not with a whip and a chair, but with only the excellent psych skills I picked up in nursing school.

While A and B have their merits, at the time I was still a horrible co-dependent (my wife says it's okay for me to say I am not anymore), and so I chose C. Luckily this guy and I went way back and were able to calmly discuss the advantages of putting down the radiator, walking to another room, allowing himself to be put into five point restraints and having a shot. How much of this discussion was for his benefit, or mine, I don't know.

When I think about psych codes, I don't think of paddles and lidocaine or hitting on a chest and inserting a tube. I think of the smell of leather and the feel of an IM shot in a gluteus maximus, the clang of a door and the click of a lock. But I suppose, just once, it would be nice if a code meant therapeutically intervening with a patient who just laid there while you treated him.

And I don't think I would miss the spitting.

Reality Check for Nurses

by John Baringer, RN

Circle the correct answer for each question:

1. **A high priority of a hospital, regarding nurses, is to have:**
   a. the finest quality nursing care
   b. enough warm bodies to pass regulations

2. **In order to get a pay raise as a nurse, you need to:**
   a. go to conferences, get certification, gain expertise
   b. do things that your head nurse likes

3. **In order to do well with JCAHO, you need to:**
   a. demonstrate excellent patient care and housekeeping
   b. memorize your policy manual and have good-looking paperwork

4. **If you want to complain about floating to other units, you should:**
   a. tell the nursing supervisor/head nurse/DON
   b. find another line of work

5. **The best reason to let a patient rest overnight on a vent is to:**
   a. optimize oxygenation and give the lungs a break
   b. defer extubation 'till tomorrow and give the doctor a break

6. **The reason it's good to have a BSN is to:**
   a. obtain expertise in bedside nursing
   b. get credentials to advance away from the bedside

7. **Someone with a terminal condition should be:**
   a. provided with comfort and supportive nursing care
   b. on life support

8. **To be a good nurse, you must spend time:**
   a. with patients and anticipate their needs
   b. writing good care plans and charting everything you did

9. **The best color for a nursing uniform is:**
   a. white
   b. brown

10. **An appropriate role model for nurses is:**
    a. an artist
    b. a waitress

11. **President Clinton's team to devise a national health care plan:**
    a. included many nurses
    b. included no nurses

12. **The best magazines for nurses are:**
    a. AJN and RN
    b. the JNJ and Revolution

The New Nurse's Guide to ECG Interpretation

Part II

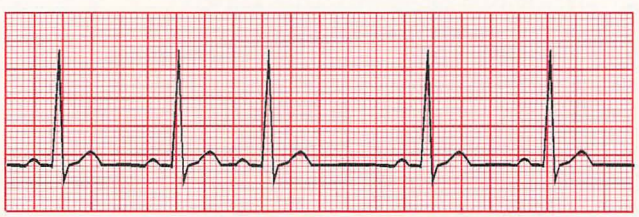
By Bina Goodman Simon, RN, C, BSN

Due to the overwhelming number of requests for arrhythmia information,[1] generated by our first ECG interpretation article [*JNJ,* 4(2)], NUTSSS (Nurses Unsuccessfully Trying to Simplify Sadistic Sciences) is pleased to share this recently comprehended material. Thanks to your requests and cash contributions,[2] we've been able to spend tax-deductible time figuring out complicated dysrhythmias that we didn't understand at the time our first article was printed.[3] Yes, thanks to you, the *JNJ* readers,[4] the NUTSSS research department has been upgraded from one nurse sitting at one computer, to one nurse sitting at one computer that now has other programs besides Nintendo.[5]

For our first piece of new information, our upper management insists it will not tolerate any "negativism" in the workplace.[6] Therefore, we must inform you that ECG no longer stands for Exasperating Contemptible Garbage, but rather, Exquisite Curvaceous Graphics.

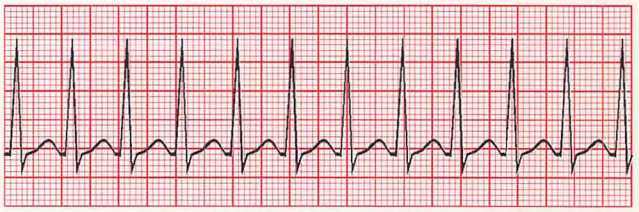
After hours and hours of study, we can now explain AND spell the following fancy, impressive terms:

1. PAC



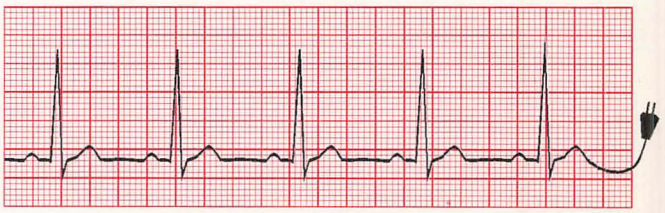
PACs are **P**ushy **A**ggressive **C**ontractions. They stick themselves in whenever they feel like it, even when it's not their turn—kind of like some people you work with.[7] These abnormal beats can be caused by too much caffeine or alcohol. Which is interesting, because too *little* of the above substances could be the cause of your coworkers' pushiness and aggressiveness.[8]

2. PAT



This is just short for "**PA**lpi**T**ations." Calling it "PAL" sounded too positive, like it was something good.[9] "PAP" would've confused the OB/GYN practitioners. And L-rd knows there are enough PANs in a nurse's world. Hence, the abbreviation PAT. There are some verrrry interesting treatments for PAT, including *maneuvers* and *massages.*[10]

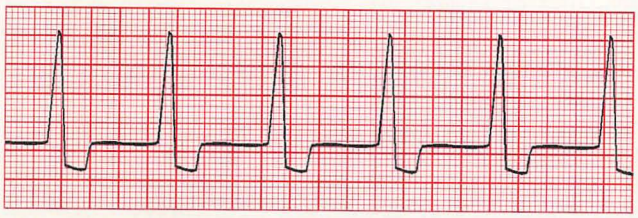
3. Electro-Mechanical Dissociation now called AV Dissociation



This is what happens when someone accidentally or not so accidentally disconnects the monitor screen's plug from the outlet. The *machine* becomes

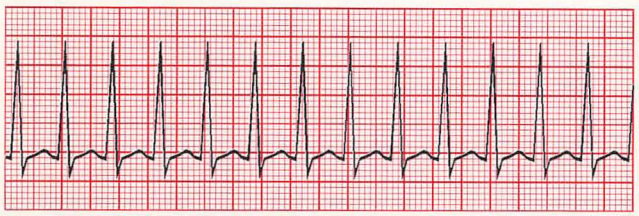
dissociated from the *electricity*; hence the name.[11]

4. Idioventricular rhythm



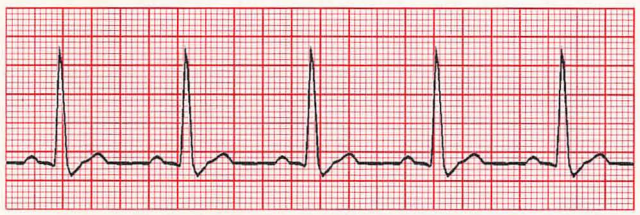
This is short for "Any **IDIO**t knows this is some **VENTRICULAR** abnormality." Since it can be life-threatening, it also stands for "One should imm**IDIO**tly (poetic license ours) check the patient's **VENT**ilato**R**y status, move him to **ICU** and press the code a**LAR**m button right away."

5. SVT



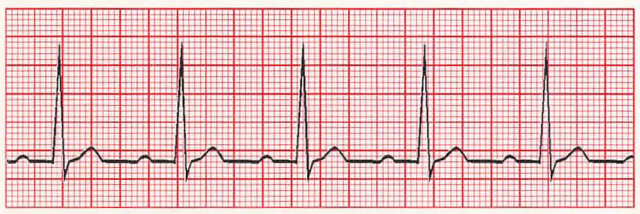
When no one's sure what some fast rhythm is, it's called SVT, for "**S**ome **V**ariety of **T**achycardia." This is an easy way out for people like us who can't tell one fast heart rate from another. We just say, "Oh sure, it's SVT," to sound like we know what we're talking about,[12] while we stall for time trying to figure out exactly where the tachycardia is coming from.

6. BBB



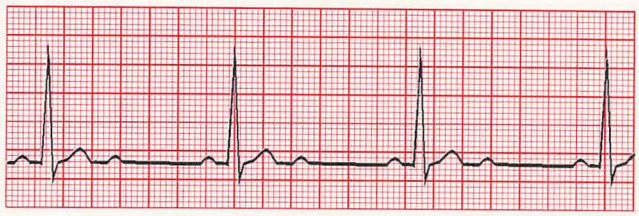
As you can tell by this strip, there is a **B**ig **B**ulging **B**ump in the QRS. There's nothing terribly important or life-threatening about this arrhythmia, so you can say it's pretty **B**enign, **B**oring and **B**lasé.

7. 1° AVB



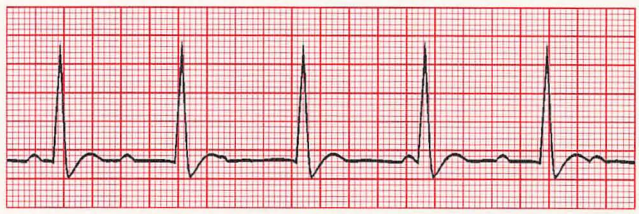
This stands for "Primarily, **A**ll is **V**ery **B**ehind." It's when messages between the atria and ventricles are delivered correctly and to their right destinations, but too slowly. Kind of like the US Post Office.[13] Then again, with the Post Office, we can't say stuff is delivered correctly OR to the right destination. But at least the "too slowly" part is accurate.

8. 2° AVB, or Mobitz



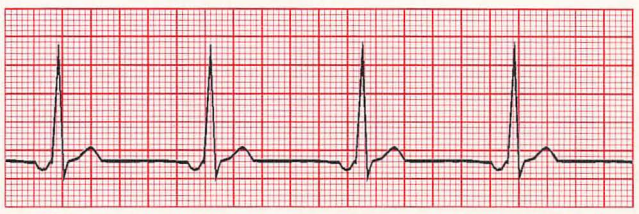
This is a kind of AVB where every so often a QRS, and thus a heartbeat, is missed. Soon after ECGs were invented, someone noticed these missed beats and yelled out, "Look—no beats!" A non-American colleague came to look, nodded and echoed "Yah, no bits!" with his foreign accent. The name "No bits" stuck but it looked funny, so it was modernized to "Nobitz," which made it look fancy, like it was named for some scientist.[14] The first manuscript to describe Nobitz incorrectly spelled it with an M, and other texts copied the error.[15] And it's been Mobitz ever since.

9. CHB (the severest form of AVB):



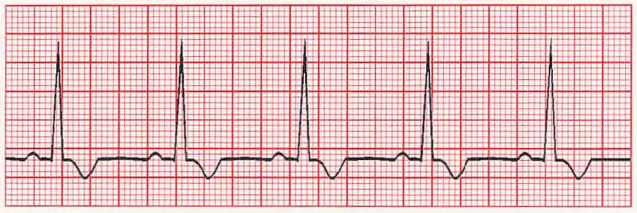
This stands for **C**haotically **H**aphazard and **B**erserk. The atria and ventricles are doing whatever they please, whenever they please, without talking to each other. Kind of like a husband and wife.[16] If this CHB persists, it can lead to a **C**omplete **H**alting of **B**reathing and will necessitate **C**PR to be **H**astily **B**egun.

10. Junctional beats



These beats show a strange-looking P or none at all. They were discovered by Susan Shenall, a nurse during the olden days when nurses were looked down upon and thought of as unintelligent[17]. When she tried showing her finding to cardiologists, they ignored her.[18] After she tried repeatedly to illustrate her discovery, they got fed up with her nagging and tried getting her dismissed, yelling, "Junk Shenall! Junk Shenall!" Only when nurses' intellect was finally recognized,[19] long after Ms. Shenall's passing, were her findings publicized. The Nollijible Leeg of Nursing decided to acknowledge her discovery and her struggle to make it known, by formally naming the arrhythmia Junk Shenall's, which was later shortened to Junctional.

11. Inverted T Wave



As you can see in this strip, the T wave is upside down. This is often seen in patients with acute MIs. The inversion symbolizes how life will be, kind of, turned upside down for these folks,[20] at least for a while.

Since our minds are not used to learning and storing so much knowledge, we at NUTSSS will end this article right here before our heads explode from all this new information. When we recuperate, we'll try to continue our research and figure out really fancy stuff like Corsage of Points, Wolf Parking his White (Lexus) Syndrome and whatever else you ask us to interpret. Please, oh please, keep those cash contributions coming and help us in our mission!

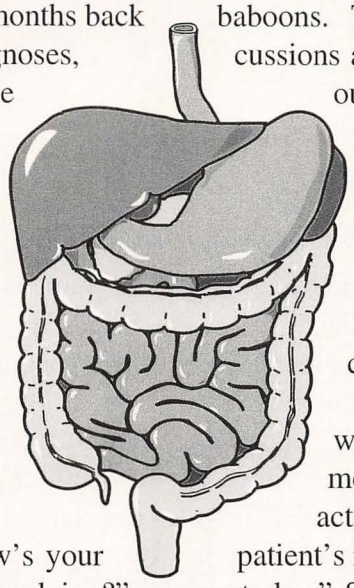
References

1. Two, actually. One was from my mom trying to make me feel good, and one was from Doug Fletcher trying to make me look good.
2. For future reference, pennies are not acceptable.
3. Not that we understood the ones we wrote about last time, anyway.
4. All three of you.
5. Dictid, Ima. (1993). How I weaned myself off Nintendo and brought my nursing career back to life, Nurses and Addiction, Part 1.
6. (1992). How to keep your staff looking cheerful and acting like all is hunky-dory even when your institution is in Chapter 11. Hospital Image, 1(3)
7. And you know who you are
8. Dictid, Ima. (1995) An analytical comparison of nurses' behavior before and after morning coffee, Nurses and Addiction, Part 4.
9. Simon, B.G. (Unpublished manuscript). Why diseases are always given scary names like *congestive heart failure*, instead of milder ones like *overambitious hardworking ticker.*
10. For further information, dial 1-(900)MAS-SAGE.
11. Bungled, I. (1991) But I thought that wire was from the coffee machine when I unplugged it, Chapter 4, I Called a Code on a DNR and Other Mishaps.
12. (1993) How to make the rest of the nursing world think we at NUTSSS know what we're doing when we really don't. Journal of the American NUTSSS Association, 2(9).
13. (1980-1995). America PO'ed at the PO, The Postmistress General's Annual Reports.
14. As a matter of fact, Dr. Fay Kerr Nobitz tried claiming responsibility for this discovery in her 1975 manuscript, "The brilliant arrhythmia finding named for me," which was rejected by every medical journal in existence at the time.
15. Merriam-Webster, H. (1993) What the World Was Like Before the Invention of Spell-Checkers.
16. (1994) Can This Marriage Be Salvaged? When couples don't communicate. Ladies' Housekeeping Journal, Vol 8(7).
17. September 1993, actually.
18. (1991) When nurses think they know what they're talking about and how to convince them otherwise. Journal of the American Meanie Association, 6(10).
19. See Revolution, The Journal of Nurse Empowerment, any issue.
20. (undated) Turning your life around after your heart attack. Free booklet. Recipes included. The Quaker Oat Bran Company.

Organ Talk

by Robin Walter, RN

Doctors have long been criticized for referring to patients by their diagnoses rather than their names: "the MI in 321" or "the CVA in bed B." We nurses would never do that! It not only robs the patient of dignity and respect, it makes us sound like such copy cats! Of course, there were those few months back in '88 when we tried it with nursing diagnoses, but it wasn't the same. Somehow, "the Potential Colonic Constipation in 422" didn't pack the same punch.



Besides, we could always rely on "organ talk," a form of hospitalese readily understood by everyone. The patients like it because it doesn't use fifty-cent Latin-derivatives and has no impact on their life insurance rates. Docs find it quaint. The lab, dietary and the guy mopping the hall depend on it to differentiate things that jiggle.

"Organ talk" is the familiar, "how's your stomach/back/heart/other organ or system doing?" And it works. People would rather talk about their organs than their grandchildren.

Consider the gut. After ten years of nursing, patients' preoccupation with peristalsis still awes me. Too much. Too little. Too late. The distal end of the gut makes for some great open-ended questions. Often patients will vent, recalling experiences with "The Duke" (Dulcolax). Their mood suddenly brightens. Some are moved to talk about MOM, while others see it as the enema and rush to evacuate, clearing the entire area.

Then there's the classic evening shift conversation that starts, "Tomorrow, we're going to begin bladder training." The patient is left to wonder exactly where they are going to put the choke-collar. Or, if his or her kidneys will be transferred to obedience school.

At some point, most of us have had the "enlarged heart" dialogue. It starts with a visit from the cardiac surgeon and ends with us explaining why "enlarged" doesn't mean "athletic."

Of course, today, organ-talk not only includes human organs, but those of animals, such as hogs and baboons. This can lead to time-consuming discussions about post-operative fears of pigging-out, sudden urges to take mud-baths, or compulsive nit-picking.

Organ talk often digresses into sign-speak. This type of communication centers on objective, measurable data on the patient's condition. It is the stuff that wins documentation accolades.

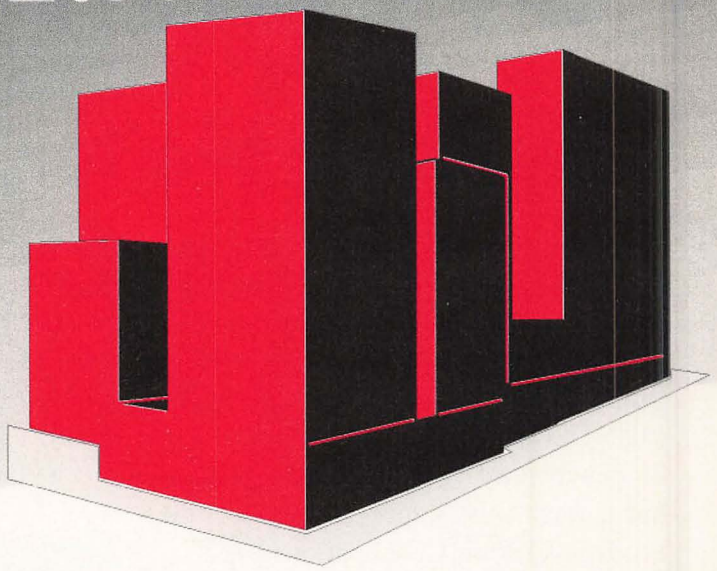
The secret of sign-speak is that the words sound familiar to the patient, but mean something foreign. Watch the reaction the next time you walk into a patient's room and say, "My! Your crit is way up today." She will invariably check to see if she's exposed. And if you're trying to rule out diabetes, don't be surprised at the patient's negative reaction to, "How's your blood, sugar?"

How well I remember the elderly gentleman I cared for a few years ago: abdominal discomfort, no BM in over a week, and a tad hard of hearing. I did the necessary check and said, "I didn't realize you were so impacted!" He replied, "I'm ready to leave whenever my doctor says I can go home!"

Organ talk and sign-speak are deceptively easy ways to initiate and maintain patient interactions. However, these conversations are often superficial, and can miss vital information. As hard as it may be to document or justify, effective nurse-patient communication is built on a language of symptoms, feelings, and thoughts. After all, the topic that the patient—or nurse—has no trouble talking about, is probably not the real trouble.

Hospitals: What's In A Name?

By Larry Marlin, RN



Eventually it's bound to happen. Some body part you least expect will fail you, sending you scurrying to the hospital. But which one?

First, some hospitals aren't even called hospitals. They're called clinics or medical centers. Many have generic names such as *Memorial, Regional, Community* or *General* hospital. A few even try to sound more important by combining several of these, as in the Community Hospital Medical Center in Phoenix. Personally, I wouldn't want to be admitted to any *General* hospital. I'd prefer a more specific institution, like Sacred Heart Hospital in Spokane.

Oh, while we're on the heart, there are several Heart hospitals. Did you ever wonder why there isn't a Sacred Lower Intestine Hospital? Or an Immaculate Spleen Hospital?

Speaking of specific institutes of care, let's say you went fishing and had the misfortune to end up with a fish hook in your finger. Could you think of a more appropriate place to go than Fisherman's Hospital in Marathon, Florida?

Next, there are the school institutions. UCLA Medical Center, USC County Medical Center and University of Nebraska Medical Center, to name a few. I'd prefer to keep out of these facilities. I mean, are they hospitals or schools? I'm afraid I'd be somebody's mid-term or final exam.

Were you aware that many hospitals are people? There's Dan C. Trigg Memorial Hospital, Willis Knighton Medical Center in Shreveport and Carrie Tingley Hospital in Albuquerque. I don't know what kind of people would want their own hospitals. Does Dan, Carrie or Willis greet you at the entrance, introduce you to the staff and tell you to stay a while? In Northern California there's an Alexian Brothers Hospital. I could imagine the Alexian Brothers owning an auto body or transmission shop, but not a hospital. I'd steer clear of that place as well.

I prefer the geographically named facilities—places like Mad River Community Hospital in Arcata, California, St. Mary of the Plains Hospital in Lubbock or Our Lady of the Lake Hospital. They sound like timeshare resorts you'd go to for a vacation. Actually, I'd probably pick Pleasant Valley Hospital in Camarillo, California. I can't imagine anyone spitting up blood at Pleasant Valley Hospital. On the other hand, they would probably have to drag me into Research Medical Center in Montana. Each room probably comes furnished with a large hamster wheel and a water dish.

Now let's talk about hospitals for your gender and age. These are places like Women's Hospital in Baton Rouge and Arnold Palmer Hospital for Women and Children in Florida. Could men at least visit these places? How come there isn't a Men and Young Boys' Hospital? I'll have to scratch these off

my list as well. That's too bad. I always wanted to visit Arnold Palmer Hospital to see if it has a putting green in the lobby.

Did you know many hospitals are saints or have religions? For example, we have Methodist Hospital in Houston, Jewish Hospital in New York and Presbyterian Hospital in Albuquerque. Did you ever notice there's never an Atheist Hospital of Cleveland or an Agnostic Hospital of Philadelphia? Strange, isn't it?

Some medical facilities defy classification, such as City of Hope in Duarte, California. Is it a hospital or a city? What about Hotel Dieu in New Orleans? Is it a hotel or a hospital? Do they hire bellhops or nurses to attend to their patients? (Or maybe I should say guests.)

How about Ceders of Lebanon in Los Angeles? What exactly does that mean? If I were to go to the country of Lebanon, would I find a Ceders of Los Angeles?

In Santa Ana, California you will find Doctor's Hospital. Is this where doctors go when they get sick, or do they own it? Why isn't there a Nurse's Hospital, since nurses run hospitals twenty-four hours a day, seven days a week?

Come to think of it, if I have a gallbladder attack, I'll just stay home. Unless there's a Community Gallstone Hospital somewhere out there.

Let me know.

The Top Ten Physician Quotes For 1995

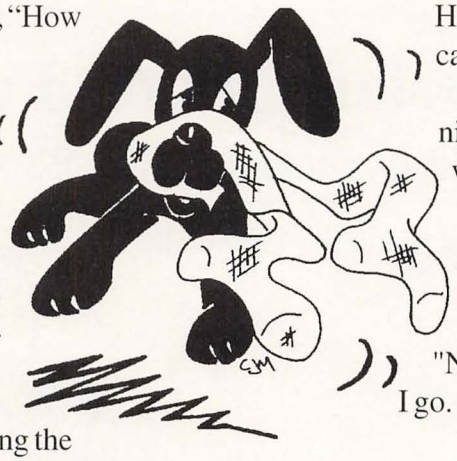
by Chris Wilkins and Harold E. Stearley, RN, BSN, CCRN

10. He's oxygenating fine, he's just not breathing very well.
9. We'll need to sedate him for CPR.
8. Hey, slow down those compressions.
7. He's not bleeding, it's just the type of drain I put in.
6. Did we get consent for this?
5. I knew that.
4. If we could only control his (fill in this blank).
3. I'm sure that's not important.
2. My beeper is going off. Could you just squeeze me right there?
1. He has chronic renal failure, diabetes, COPD, coronary artery disease, hypertension, and peptic ulcer disease—otherwise he's healthy.

Stories From The Floor

Lets Look at that Again
By Danice Williams, RN

One evening my head nurse's daughter called her because she desperately needed her mother's professional advice. It seems her dog had a prolapsed rectum.



The mother asked, "How do you know that?"

"It's sticking out of his rear end."

"Does he act sick? Is he unable to eat? Does he seem to be in much pain?"

No, to all the above. The nurse advised her daughter to monitor the dog during the night and take him to the vet first thing in the morning.

The next night a wiser, but very relieved daughter, called home with the vet's report. The rectum had not prolapsed. But the new pair of panty hose the dog had ingested would never be the same again.

Don't Worry . . .
By Elaine Tuten, RN

I work in the PACU. One of our more alert clients asked, soon after arrival, "Is this the recovery room?"

"Yes, it is," his nurse replied.

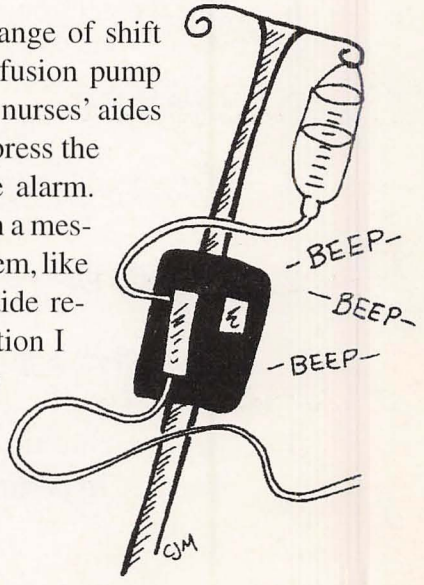
He then pointed to a stack of covered pillows on a stretcher and asked, "Is that one who didn't recover?"

I'm Ambidextrous
By Julie Cohen, RN

One evening, shortly after passing my RN boards, I was assigned as the charge nurse on a med-surg floor. At the end of the hall were two women who had both suffered CVAs. Ida, 98 years old, and Hilda 92 years old were both quite senile and carried on intermittent nonsensical conversations with each other all day and all night. Nonetheless, on the night in question, I was busy making my last rounds when I heard them both speaking. Ida was crying, worried about whether she would go to Heaven or Hell when she died. She was obviously upset but as I entered the room, Hilda said to her "Now listen dearie, it doesn't matter to me where I go. The way I see it, I've got friends in both places."

Pardon Me?
By Peggy Weimar, RNC

During a recent change of shift report, I heard an IV infusion pump alarm. I asked one of our nurses' aides to go into the room and press the pause button to stop the alarm. Our infusion pumps flash a message describing the problem, like *air in line*. When the aide returned to the nurses' station I asked her what the pump was saying.



She very seriously replied, "It was saying *beep, beep, beep!*"

That's the Way it Was

By Jo Newman, RN

Several years ago I worked on a med-surg unit with a sweet elderly lady who needed and wore bilateral hearing aids.

I was getting her ready for her cholecystectomy. She followed all instructions and joked when she misunderstood what was said to her. Finally, right before going down to surgery, I asked her to remove both of her hearing aids. She very pleasantly complied.

As I placed them in their cases, she smiled and said, "That's it! I'm off the air!"

Slimy Little Blood Suckers

By Mark Mimnaugh, RN, CCRN

We admitted a retired LVN into our ICU for anti-coagulation therapy. A nasty avulsion of the 4th finger of her left hand had swelled severely despite treatment. We were to apply leeches for decompression of the distal swelling. As I prepared her finger for the application of the leeches, I tried to lighten up the situation.

"We should give these little fellows names," I said.

"What have you got there? A couple of slimy blood-sucking leeches? Sound like politicians to me. Bill and Hillary? Or if you're a Democrat, Ronald and Nancy."

The therapy was very successful. The attending microsurgeon was impressed.

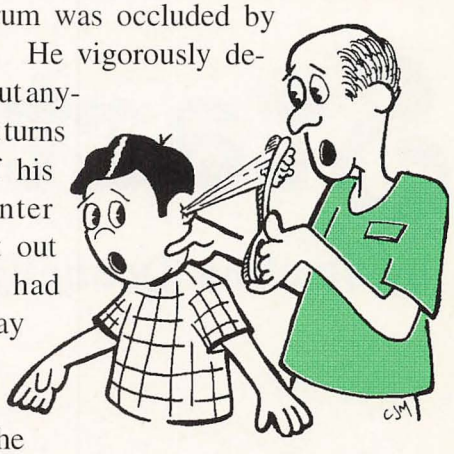
I asked him one question, "If you had been John Bobbitt's attending physician, and he had experienced post-operative swelling . . ."

"Absolutely," he said, "Absolutely."

Good Shot!

By Bonnie Faherty, PhD, RN

A small boy came in for a pre-school physical. His right ear drum was occluded by something pink. He vigorously denied that he had put anything in his ear. It turns out that one of his day care center friends had spit out something that had flown all the way across the room and had lodged itself in his ear. The youngster needed general anesthesia to remove the bubble gum impacted over his right tympanic membrane!



Eye of the Beholder

By Sara Needham, RN

Late one evening I assisted a surgeon, who was two hours late, in a bilateral blepharoplasty on a lovely 85 year old lady. I sat her up on the OR table for the surgeon to draw his incision lines around her eyes.

"Make me look younger now," she said.

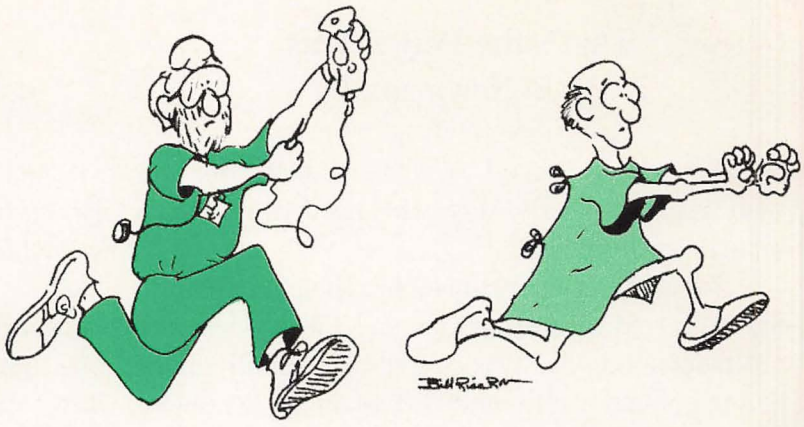
"By the time I'm finished you will look 65," said the surgeon.

"So will I!" I said.

The giggling patient nearly slid off the table. The surgeon said nothing.

Stories From The Floor is a regular feature in the JNJ. Send your funniest true stories (50 to 200 words) to us at JNJ SFTF, Mark Darby, RN, 2917 N 49th St., Omaha, NE 68104. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

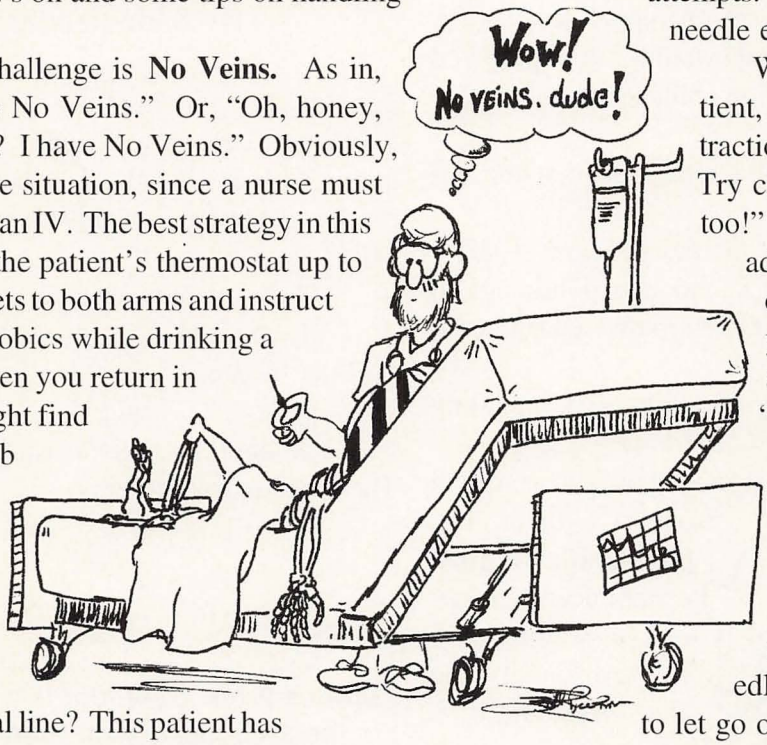
IV Starts



by Pauline Donnelly, RN, BSN

Starting an IV is usually a traumatic experience for the patient and sometimes for the nurse. It can even be a nightmare, depending on the response of the patient and the preparation of the nurse. Here then, is a handy guide to the types of patients you may have to start IVs on and some tips on handling them effectively.

The greatest challenge is **No Veins.** As in, "Good luck, he has No Veins." Or, "Oh, honey, didn't they tell you? I have No Veins." Obviously, this is an impossible situation, since a nurse must locate a vein to start an IV. The best strategy in this situation is to turn the patient's thermostat up to 98°, apply tourniquets to both arms and instruct the patient to do aerobics while drinking a liter of Ensure. When you return in ten minutes you might find a vein in the thumb worthy of a 22 gauge needle.



If this is unsuccessful, look the doctor straight in the eye and say, "How about a central line? This patient has No Veins!"

The second greatest challenge is the **Moving Target.** The Moving Target can be a patient having a grand mal seizure, a combative patient (frequently intoxicated), or the cooperative but anxious patient who becomes uncooperative just as the needle pierces the skin.

In the case of the seizure patient, simply try to synchronize your movement with his. Don't become discouraged if you hit the mattress the first few attempts. However, do change the needle each time.

With the combative patient, restraint helps but distraction can also be effective. Try comments like, "Nice tattoo!" Then jab as he turns to admire and stroke it. "Look out, they're right behind you!" works well with schizophrenics, as does, "Madonna told me she wants you to have this in before her plane arrives."

Unfortunately, the only thing you can do about the unexpected arm jerk of the supposedly cooperative patient is to let go of the needle. This saves you from having to write the incident report explaining why the patient now has a filleted forearm.

Other problem patients can be identified by their stupid questions. Am I being harsh when I say *stupid?* I think not. Take the **Bizarro** for instance.

No clues in the appearance. But just let him open his mouth . . .

"Is that a clean needle?" (Of course it is. I just wiped it on my pant leg, didn't I?)

And the Bizarro doesn't stop . . . "Can I get AIDS from this?" (Anything's possible.)

"Will this go through the bone?" (Depends on how low my caffeine and nicotine levels are.)

Obviously, you can't feed into their bizarreness by saying what you really think. Just project calmness while speaking in a soothing tone of voice.

Occasionally, the Bizarro will transform into the **Hysteric,** although the Hysteric can also be found hiding within the Critic and the Whiner. Questions will turn to exclamations when this occurs. You'll hear, "Omigod! It's so big! You're not going to stick me with *that*, are you?"

Body tenses, forehead clutched, hyperventilation.

"I'm going to puke! I'm passing out!"

Wait until puking has passed and/or syncope occurs, then take your best shot.

The Critic is suspicious, hostile and morbidly observant. She always starts off with, "How long have you been a nurse?" and moves right onto, "Is this the first time you've started an IV?" even when she knows it isn't.

"The other nurse didn't do it like that," is a common phrase that she uses in multiple situations. Needless to say, you miss the vein and get additional critical comments.

Once in a while you can get away with a joke, such as, "A nurse? Did I say I was a nurse? I'm just helping out while my floor dries. The real nurse is too busy right now."

If the Critic doesn't get under your skin, **the Whiner** will. These individuals are suffering from Whinorrhea, which has been described in depth by Nurse Elizabeth Schultz [*The Journal of Nursing Jocularity,* 1(2)]. My own studies have revealed that a Whiner's anxiety constricts the nasal passages, giving the hallmark whining intonation to the voice. It starts mildly with, "I hope this doesn't hurt," but quickly builds to, "It never felt like this before!" then reaches a crescendo with, "You're killing me!" Explanation and reassurance may or may not help. Earplugs will.

The Martyr is related to the Whiner but is more pathetic. She only has a few stock phrases, like, "Try as many times as you want," "Don't worry about me," and "With all the suffering I've been through, what's one more needle?" This patient's IV is the easiest to start, but you feel guilty afterward.

Heed **the Expert,** because he is frequently correct, annoying as this might be. He will tell you where, with what and how to approach his vein.

"Better use a 23. A Butterfly if you've got one. Don't use that vein—too many valves." If a former junkie, he may even offer to insert the IV himself. I always politely pass on that one.

Our last type is **the Jinx.** He will definitely ruin your record. Beware of statements like, "I've got great veins. You won't have any trouble." Or, "They always get me the first time." How about, "Did I mention I'm the Chief of Anesthesiology?" I have no suggestions for these unfortunates. They're jinxed. Just take a stab at it.

Call Lites!

The JNJ Joke Collection

A sponge was missing after surgery. Everyone was frantic and about to reopen the abdominal cavity.

"Never mind," said the patient. "Just put it on my bill."

Submitted by Max Baverman

The urologist's clerk said, "Put the sample through the window."

So he peed through the window.

Submitted by Lou Shriver, RN

"Nurse! Nurse!"

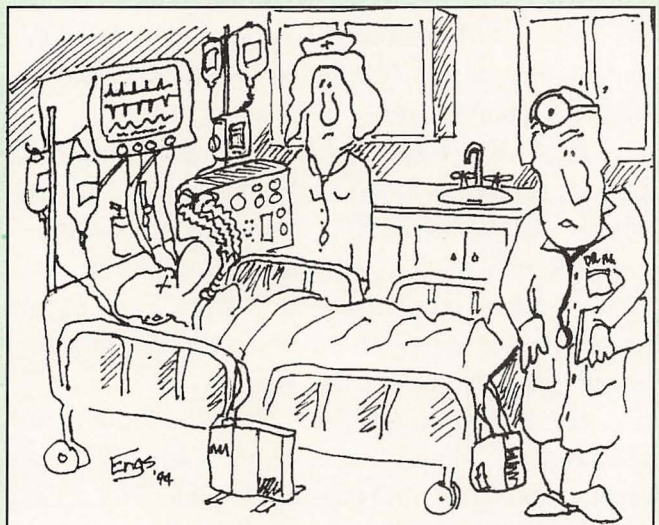
"Did you call me, doctor?"

"Why would I call you doctor? I'm the doctor."

Submitted by Kerri Lynn Hilbert

Q: How do you circumcise a whale?
A: With four skin divers.

Submitted by Karen Emerson



"The doctor said I was suffering from depression. 'If it was me', he said, 'I'd go home and take my wife out for dinner and a few drinks'."

"So, what are you going to do?"

"I'm picking up his wife at six thirty."

Submitted by Sandi Ritz, RN, MS

The psychiatrist was ending his session with a female client.

"I think I'm falling in love with you," she said.

"That will end when you get my bill."

Submitted by Linda Hassa

The mother didn't change the diaper in a month, she told the home visiting nurse.

"Why not?" asked the nurse.

"The package said 'good up to 25 pounds'."

Submitted by Jean Knox

The doctor was discussing postpartum contraception with one of his patients.

"What are you using now?" he asked.

"My husband, of course."

Submitted by Sunny Myers

H.M.O. receptionist: "The earliest appointment I can give you is in six weeks."
Patient: "I could be dead by then."
H.M.O.: "No problem. The visit can always be canceled."

Submitted by L.S. Howard

Q: Why do IV therapy nurses frequently experience burnout?
A: Because their best work is always performed in vein.

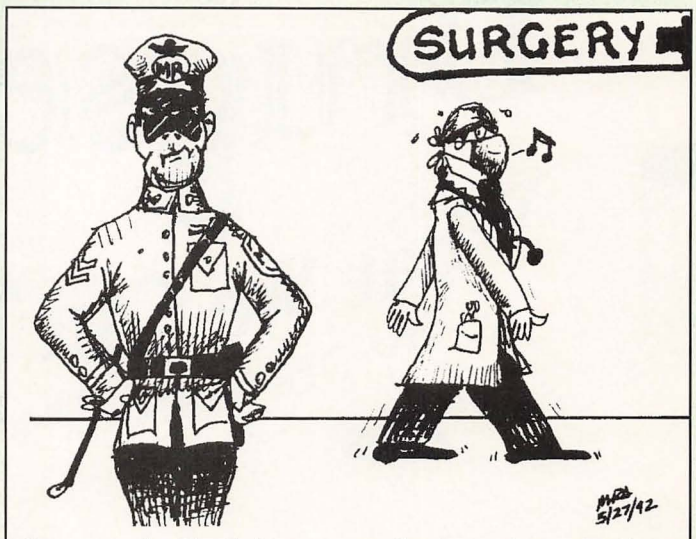
Submitted by Suzanne M. Vargo, RN

Doctor: "The tests are back and I'm still not sure what's causing your liver problems, but it may be due to drinking."
Patient: "Why don't you get back to me when you're sober, then."
Submitted by Vivian Rhoton, RN

Q: What do a gynecologist and a trumpet player have in common?
A: Both work with a cold metal instrument.
Submitted by Rochelle Shepherd

If you think retired nurses just fade away, try getting them into their old uniforms for a reunion.
Submitted by John Duncan, LPN

Q: How many psychiatrists does it take to change a light bulb?
A: One, but it will take a long time and the bulb will have to really want to change.
Submitted by Dottie Roberts, RN, BSN



Once again, Dr. Bob escapes the tenacious clutches of the Medical Record Police and admits Ms. Jones for her gallbladder surgery. Dr. Bob was #1 on the MR Most Wanted List for incomplete charts.

Q: Why does it take 25,000 sperm to fertilize one egg?
A: They don't want to stop and ask for directions.
Submitted by Kristi Olson, UC/MT

Q: What's a good name for an airline serving those with bladder problems?
A: Incontinental.
Submitted by Steve Wilson, PhD

The ER patient was complaining of severe abdominal pain. After a full gamut of tests, the doctor could not find anything clearly wrong until she asked whether the patient had eaten anything unusual lately.

"Not to me," he said. "But I do eat billiard balls as a treat—orange and blue for breakfast, yellow and red for lunch, purple and black for dinner."

"Ah-ha!" she said.

"What? What's wrong?"

"No greens."

Submitted by Pam Stetina

Heard a funny nursing or medical joke lately? Send it to us! If we use it in Call Lites, you will receive 2 copies of the JNJ and a Limited Edition JNJ T-Shirt. Send your jokes to: John Baringer, JNJ Joke Editor, P.O. Box 2221, Tucson, Arizona 85702-2221.

Drugseekers: What We Can Teach Them

by Stephen W. Speaker, RN

The scene: the Emergency Room at three AM on Sunday. Once again, you've armed your senses and formidable nursing acumen for gladiatorial combat,—er—, health care delivery, in this arena.

Arena. Not a bad word for it. Let the games begin . . .

The howling out near Patient Registration has distracted you from your *Ladies Home Journal* and bonbons. This does not bode well. You ponder the possibilities pensively: Gun shot victim? Crackhead? Brewing race riot? Fired Board member? God only knows. You're dialing hospital Security as the triage nurse announces that she wants to, "bring back a kidney stone" right away.

You ask her to whom this kidney stone belongs.

It, and the howling, belong to repeat customer, Sam McScam. You roll your eyes heavenward.

The clerk reports that Sam says, "It feels just like I'm having a baby." Your eyes cross as you wonder how the hell he would know *that.*

Your awesome ER expertise is telling you that Mr. McScam is looking forward to his usual ER fix. After you've ushered him into an exam room and handed him the obligatory gown and urine cup, you have a gnawing suspicion that something is not quite right. Stealthily entering the exam room, your ER instincts and non-squeak Birkenstocks have paid off. Sam is in the bathroom, frantically trying to milk a drop of blood from his freshly-gashed finger into a pristine urine sample. But you've startled him, so he's shaking it all over the place. (His finger, that is.)

Luckily, your splash goggles are within reach, dangling from your Nursing Utility Belt, and you're prepared for just such an infectious-fluid contamination contingency. (You've been trying to get your co-workers to quit stocking the rooms with lancets and needles.) Mr. McScam is summarily discharged with a recommendation for Clinic follow-up. (And you've offered a recommendation or two of your own.)

Mr. McScam has ineptly demonstrated the fairly ancient, "Bloody-Finger-In-The-Urine-Specimen Maneuver." But what about his less-than-creative counterparts? The Bogus Chest Pains. The Suspect Post-Traumatic Back Injuries. You are congenial and therapeutic as you take their histories, but you're only millimeters away from putting a head-lock on them and showing them the automatic door.

I recommend taking a few extra minutes for patient education. (You don't have anything *else* going on, do you?) Set them straight. Teach them how to fake their conditions more believably so they can more readily obtain the medications they so desperately crave. After all, whom can one trust for prompt, expert direction, if not a nursing professional? And don't forget to document your interventions.

Take Mr. Morf. (Please.) Here he comes now, clutching his chest and wearing an ultra-pained look on his face. A nurse is comfortingly escorting him into your Trauma Room. What a team player! (You'll deal with her later.)

You instantly recognize Mr. Morf as the guy with the perpetually whiny voice who's never relieved by any emergency intervention that doesn't involve morphine. You complete Mr. Morf's Triage Assessment Sheet by studying his old chart. (Because his tired butt was in your ER just yesterday.)

Then, you get to the good part. No, he says, his chest pain *doesn't* radiate. Yes, it *does* hurt more when he pushes on it and when he breathes. You advocate not pushing on it and not breathing. Mopping his warm, dry, pink forehead, he matter-of-factly informs you that his chest pain is, "still a ten. Whadaya gonna to do about it?"

You scan his rhythm, vitals, EKG, x-ray, labs, and—whoosh—he's outta there. (That's what you're going to do about it.)

Unfortunately for the drug-seeking Mr. Morf, he has failed the chest-pain test, and now finds himself down-graded to exam room status. (Tut, tut, tut.) As an exemplary nurse, you owe Mr. Morf and thousands like him the best of what your years of nursing experience have to offer. Straighten him out about the *nature of pain*. Inform him that health care providers are taught that pain is a subjective phenomenon, and when a patient says he has it, he has it. (. . . and that nurses are trained to be suckers.)

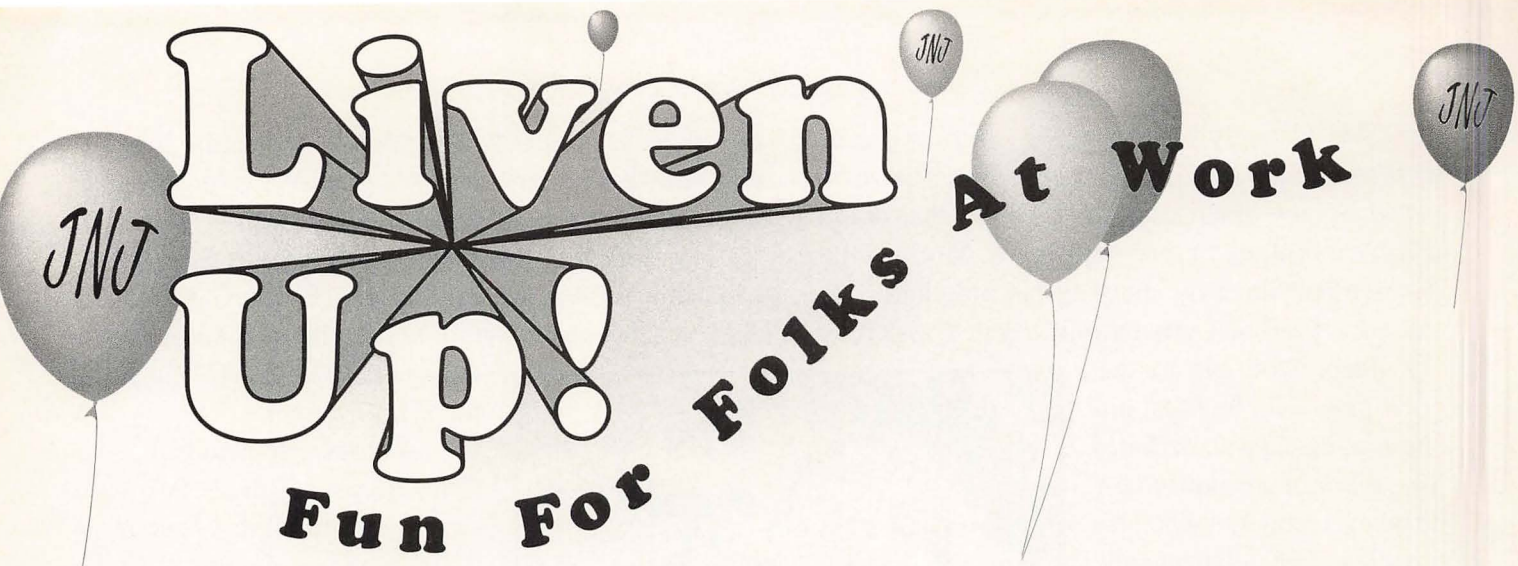
How about Mr. Grudge, the alleged pedestrian victim of a horrendous automobile catastrophe of a year before? The offending auto had been barreling along at a breakneck speed of three miles per hour. The victim has filed a lawsuit. Though he is frequently seen strutting effortlessly all over town in search of a heroin dealer, four o'clock Sunday morning marks his fifty-fifth visit to your ER with the same complaint: excruciating back pain.

Astute nurse that you are, you've sized him up as someone who thinks that numerous ER visits for his bogus back pain will legitimize his claim. Yes, he's had this current EFFING bout of excruciating back pain for two days. No, he couldn't see his regular EFFING doctor during the day on Friday when the excruciating EFFING pain EFFING started. And, yes, he wants you to do something about it . . . RIGHT EFFING NOW! If not effing sooner.

A quick effing consultation with your effing ER physician lends credibility to your initial nursing diagnosis of Borderline Personality Disorder Characterized by Effing With Associated Acute Drug-Seeking Behavior Related To Hypohydroxyzinemia. You load up a syringe of hydroxyzine to remedy his flagging blood levels and prepare a haloperidol chaser, if needed.

Giving an injection is an intimate procedure which may afford you the opportunity to provide patient teaching and support. Instead, inform him that the shot will make him feel better, but is not (heh, heh) a narcotic. Advise Mr. Grudge that if he had the IQ of a plantar wart and had the sense to call 911 with a more creative fabrication, like bubonic plague or a penile stab wound, he might have rated big-time drugs. But this visit, all he's getting is something to calm his effing self down.

Nurses have much knowledge of anatomy, physiology, chemistry, biochemistry and lying. We use this know-how in formulating elaborate strategies for padding our time sheets, altering our CPR card expiration dates and calling in sick. Hassling with the denizens of our community need not be looked upon as a grim duty, but as a thrilling opportunity for growth. There is much that we can learn from our drug-seeking friends out there. And, depending upon how clueless or inept they are, there is much we can teach them.



Are you exhausted from that last ACLS recertification exam? Have those new charting systems got you down? Does the thought of having to learn one more critical pathway make you want to vomit? Do you have enough CEU's to renew your license? Perhaps we need to rethink this nursing education business and realize where our real education comes from. To LIVEN UP in the area of continuing education (and enjoy the upcoming Thanksgiving holiday) one reader and editor suggests that:

Everything I Really Need to Know I Learned From a Turkey

Hens have more fat cells than toms.

Eating habits of childhood follow you through adulthood.

During your lifetime you will consume many times your weight in food.

The older you become, the tougher you get.

You are what you eat.

A little grit is a good thing.

Drink plenty of water.

Skinny legs make you look thinner.

A large breast is desirable. You will attract more money, be chosen first and enter a room before your feet.

If you don't have enough sense to come in out of the rain, at least don't stand out in it, looking upward with your mouth open.

Some creatures are too stupid to live.

If you're confined in a pen with too many birds, don't be in the front and don't push. Therefore, you shouldn't go to rock concerts with too many other turkeys.

Young hens start to brood when they begin to produce eggs.

Too much brooding isn't good.

One or more toms will prevent brooding.

Keep a few spare toms in case one turns out to be a dud.

Breeding is expensive.

Chicks eat often.

Never raise more than you can eat, except children.

Hens should not hatch all of the eggs they will produce in one lifetime.

During the breeding period strutting increases among the males.

The wise hen squats near the tom she wants and waits for the strutting to stop.

Sexual activity begins when the strutting ends.

Confinement leads to pecking.

A clean pen is a healthy pen.

If you roll in the dirt, you may catch something.

If you defecate where you live, you will have to walk in it.

Don't get in a pile. Piling can cause injury.

You soon begin to smell like the flock you hang out with.

The noise level increases with the size of the flock.

If you're a turkey, you will fly like a turkey.

Flight can cause injury.

Life is all too short.

A quick, merciful death is better than being trampled to death.

When you die, your friends and family will gather 'round you.

You will be all "dressed out".

You will be breast up.

There will be a large "party" and everyone will eat too much.

Others should have tender memories of you.

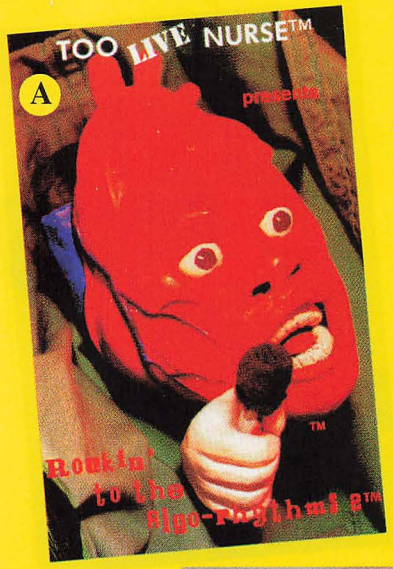
Success in life will be measured by the taste you leave behind.

Submitted by Sue Falkner Wood, RN
Clovis, CA

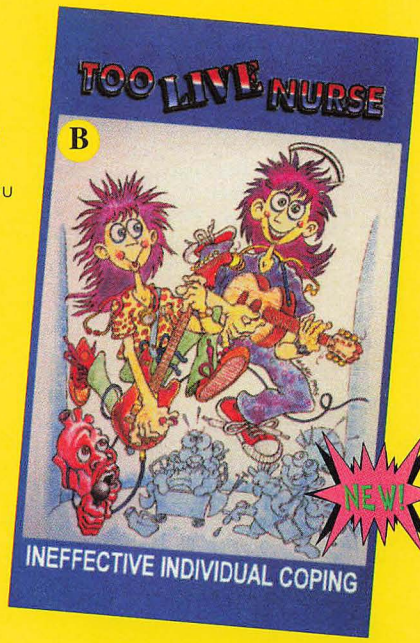
THE JOCULARITY CATALOG

THE HUMOR RESOURCE FOR HEALTH PROFESSIONALS

Fall 1995 Catalog

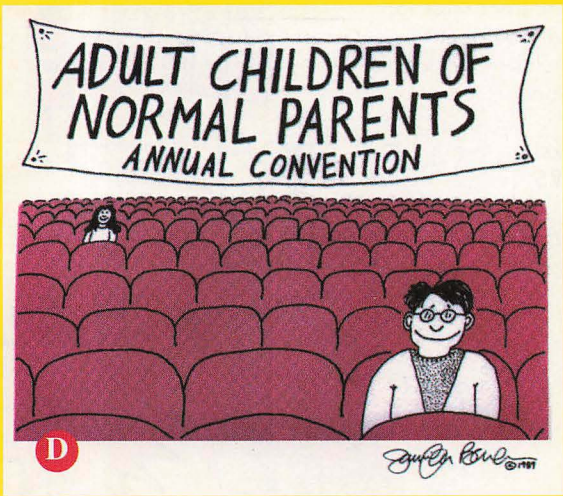


A. Rockin' To The Algo-Rhythms 2 by Too Live Nurse Productions. Resuscitate your ACLS skills the FUN and EASY way with this collection of Musical Cardiac Protocols based on the new ACLS Algorithms. Let Too Live Nurse help you to breeze through "Mega Code" and have you singing as well! Includes cassette tape and lyrics booklet.
TA001RAR Rockin' To Algo-Rhythms 2 $15.00

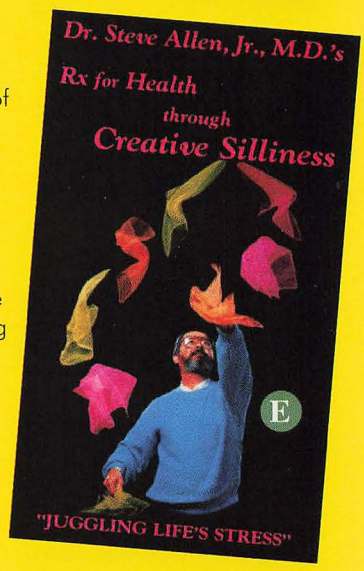


B. Ineffective Individual Coping: JUST RELEASED. A ~~slightly~~ very twisted musical review of the "sicker" side of health care. Tired of bedpans, paperwork, and under staffing? Stressed out and overworked? Let Too Live Nurse help you laugh at it all! Too Live Nurse is the group that brought you "Rockin' to the Algo-Rhythms." Cassette Tape. Includes: The Bedpan Blues, Doin' The Incontinence Rag, Ventilate Me and many more. TA007COP Ineffective Individual Coping $10.00

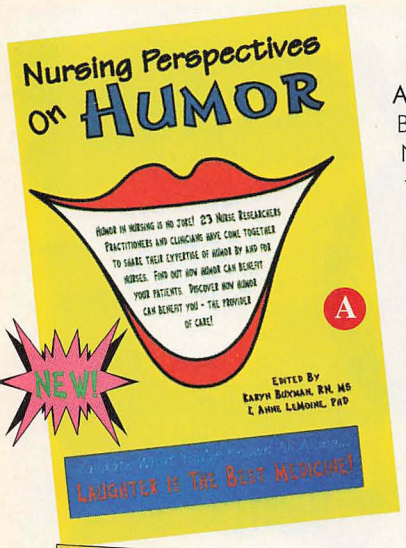
C. ANY KEY and PANIC computer keys. Personalize your computer keyboard with these fun, self-sticking keys. **Free with orders of $50 or more!**
MS001KEY Panic/Any Key $3.00



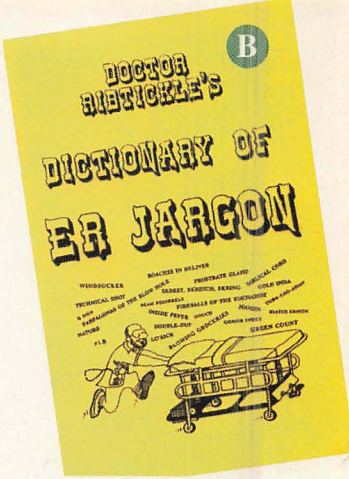
D. Adult Children of Normal Parents Annual Convention T-Shirt by Jennifer Berman. Are there any of us out there! Jennifer's cartoons have appeared in MS, Funny Times, Utne Reader, and of course The Journal of Nursing Jocularity. This Pre-Shrunk 99% Cotton t-shirt comes in white. Available in large and x-large.
TS005WHT Adult Children T-shirt $16.00



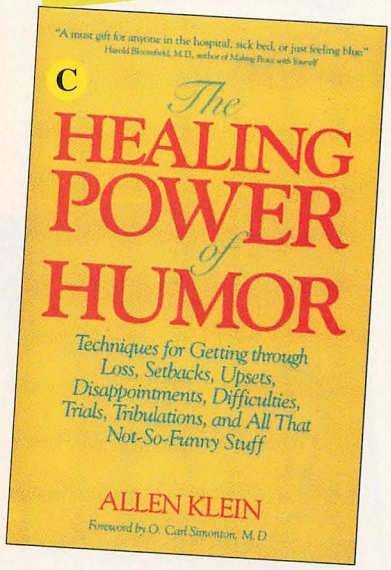
E. Rx for Health through Creative Silliness by Dr. Steve Allen, Jr. Steve takes you on a lighthearted journey using laughter and playfulness to juggle life's stress. Using his medical knowledge and his family's gift of humor and wit, Steve will help you laugh and play your way to less stress . . . and you'll learn how to juggle, too! A set of three scarves comes with this 60 minute videotape.
TA006RXH Rx for Health Video $40.00



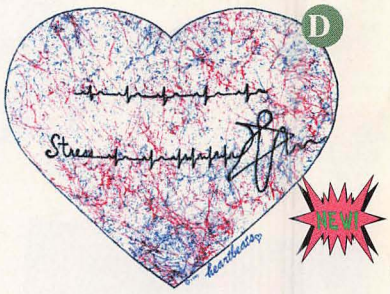
A. **Nursing Perspectives On Humor.** Long awaited book, edited by Karyn Buxman, RN, MS & Anne LeMoine, PhD. Humor in nursing is no joke! 23 Nurse Researchers, practitioners and clinicians have come together to share their expertise of humor by and for nurses. Find out how humor can benefit your patients. Discover how Humor can benefit YOU! Soft cover.
BK015NPH Nursing Perspective $24.95



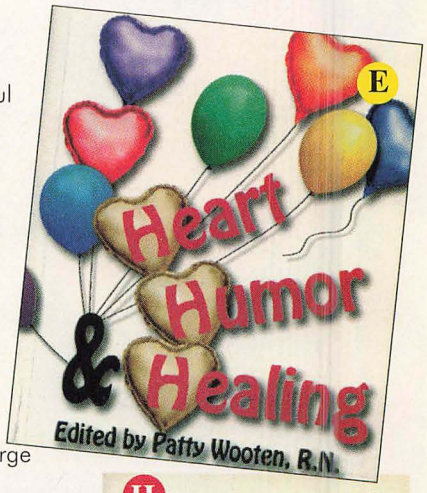
B. **Doctor Ribtickle's Dictionary of ER Jargon** by Don Kight, RN. This book will make a wonderful addition to your medical humor collection. A great resource book for any ER department. Includes definitions for terms like Hiatus Ernion, Tuba-leg-asian, Smilin-Mitey-Jesus and hundreds more.
BK012DRD Dr. Ribtickle's Dictionary $5.95



C. **Healing Power of Humor** by "jolly-tologist" Allen Klein. Techniques for getting through loss, setbacks, upsets, disappointments, difficulties, trials, tribulations, and all that not-so-funny stuff. Brimming with pointed, humorous anecdotes and learn-to-laugh techniques. *"Provides practical advice as to the fundamental importance of humor and laughter."* Steve Allen, comedian. BK006HPH Healing Power of Humor $9.95



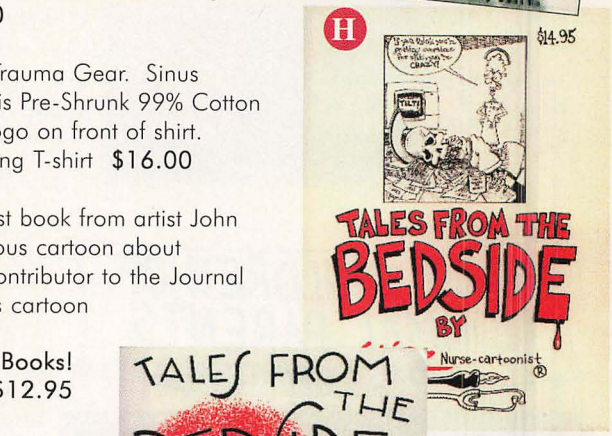
D. **Heartbeats Giant T Nightshirt.** Relax in style with this quality 50/50 blend nightshirt with a multi-color screenprinted design. One Size. Available in Ash or White.
TS006WHT White Heartbeats Nightshirt $19.95
TS007ASH Ash Heartbeats Nightshirt $19.95



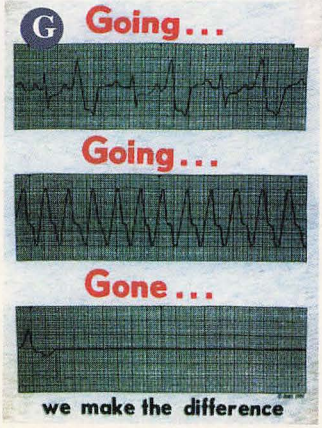
E. **Heart, Humor & Healing** edited by Patty Wooten, RN. A delightful collection of inspiring, fun-filled and laughter-provoking quotes designed to promote healing in the patient as well as the caregiver. *"The book is good for more than your heart...It will help heal your life and body."* Dr. Bernie Siegel, Surgeon, author of Love, Medicine & Miracles. Patty's feature "Jest for the Health of It!" appears in each issue of the Journal of Nursing Jocularity.
BK004HHH Heart, Humor & Healing $9.95

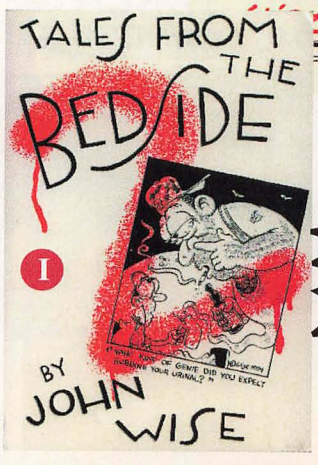
F. **"Sometimes All You Need Is A Good Paddling To Get You Back In Line"** T-Shirt from Trauma Gear, "Unique Sports Wear for Unique Professionals". This Pre-Shrunk 99% Cotton t-shirt comes in Ash. Pocket-size "Trauma Gear" logo on front of shirt. Available in large and x-large. TS002ASH Paddling T-shirt $16.00

G. **"Going . . . Going . . . Gone"** T-Shirt from Trauma Gear. Sinus rhythm to V-tach to Asystole, this shirt covers it. This Pre-Shrunk 99% Cotton t-shirt comes in Ash. Pocket-size "Trauma Gear" logo on front of shirt. Available in large and x-large. TS004ASH Paddling T-shirt $16.00



H. **Tales From The Bedside.** The first book from artist John Wise, RN. Over 100 page of hilarious cartoon about nursing and healthcare. Frequent contributor to the Journal of Nursing Jocularity. Beware, John's cartoon aren't for the squeamish.
New Reduced Price on John Wise Books!
BK002TFB Tales From Bedside 1 $12.95

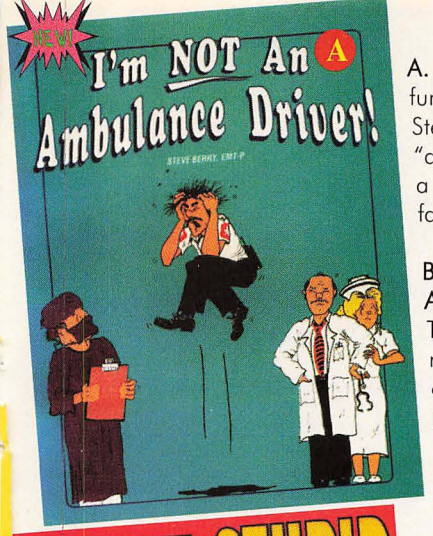




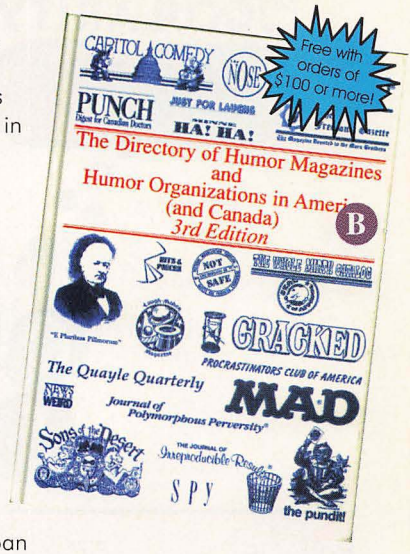
I. **Tales From The Bedside 2**: "Over The Counter" by John Wise, RN. More than 100 pages of outrageous cartoon humor for healthcare professionals and consumers! John is a contributing artist to the Journal of Nursing Jocularity.
BK001TFB Tales From Bedside 2 $12.95

Purchase both of John's books for a special price.
BK003TFB Tales From Bedside 1 & 2 $23.00

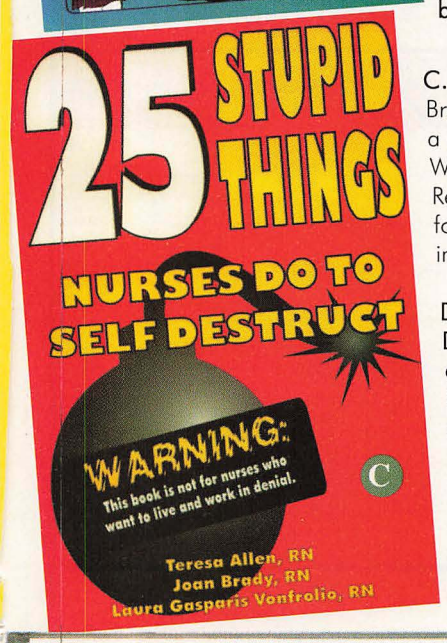
Reduced Price on John Wise Books



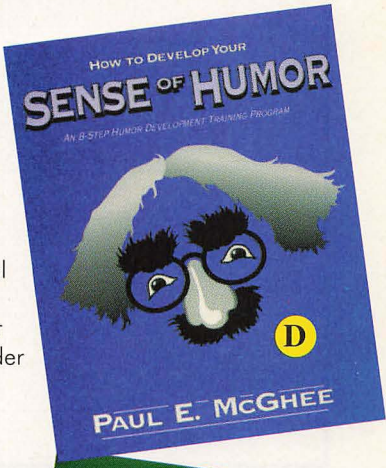
A. I'm Not An Ambulance Driver! by Steve Berry, EMT-P. A jammed pack, funny cartoon book that takes a satirical look at life as an EMS provider. Steve has practiced the art of paramedicine since 1984 and in his words is "an advocate of humor and have come to find satire as my link to survival in a career so often marred with anguish and discouragement." Sound familiar?! BK017NAD Not An Ambulance Driver $14.95



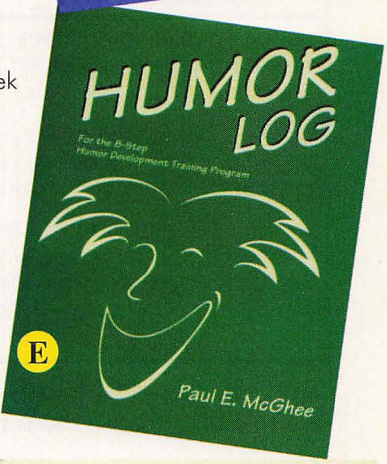
B. The Directory of Humor Magazines and Humor Organizations in America (and Canada) *3rd Edition* edited by Glenn Ellenbogen, PhD. This is the first and only book to help you find humorous magazines, newsletters, newspapers; periodicals about humor; and humor organizations. It provides extensive listings and sample articles for each publication, plus cross indexing of periodicals. A writers market for humor. A great resource at a special price! List Price: $34.95. Hard Cover. **Special Offer! Order $100 worth of items and receive this book free!** BK016DHM Humor Directory **Only $24.95**



C. 25 Stupid Things Nurses Do To Self Destruct by Teresa Allen, RN, Joan Brady, RN and Laura Gasparis Vonfrolio, RN. Increase your awareness as a nursing professional through such topics as: We Don't Stick Together, We Suppress Our Convictions, We Seek Out And Stay In Dysfunctional Relationships, and We Fight All The Wrong Battles. The book contains the following warning: "This book is not for nurses who want to live and work in denial." BK014STN Stupid Things Nurses Do $19.95



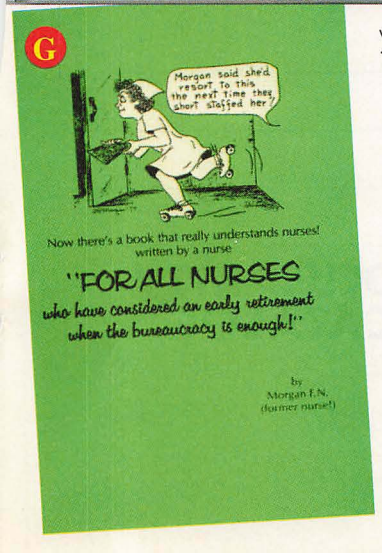
D. How to Develop Your Sense of Humor: An 8-Step Humor Development Training Program by Paul McGhee, PhD. This book discusses the latest research on how humor/laughter contribute to physical health plus gives you a hands-on program for learning to use humor to cope with stress. This program shows you how to strengthen basic humor skills when you're not under stress, and then how to apply these skills under high stress conditions. BK007SOH Sense of Humor $20.00



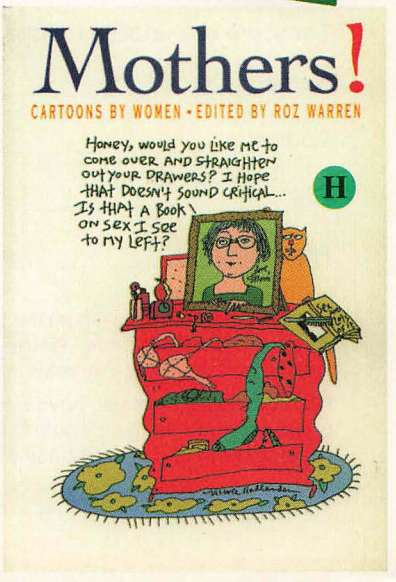
E. Humor Log for the 8-Step Humor Development Program by Paul McGhee, PhD. This book is designed as a workbook to accompany the above book "How to Develop Your Sense of Humor". It allows you to monitor your progress through the program from week to week, and includes a humor pre-test and post-test which enables you to assess the level of gains in humor skills made as a result of the program. BK008HRL Humor Log $12.00

BK009MCG Both Sense of Humor & Humor Log $29.95

F. Health & Humor through Harmony by the "NurSING Notes", an all RN Barbershop Quartet. This comedy quartet puts the "SING" in NurSING with songs such as "While Strolling Down The Hospital Hall", "The Physician", "The Waiting Room" and "Patient Lament". The Nursing Notes were a smash hit at the 1993 and 1995 JNJ Humor Skills conference. TA003HHH Health & Humor Through Harmony $10.00



G. "FOR ALL NURSES who have considered an early retirement when the bureaucracy is enough!" by Morgan F.N. (former nurse). A fun book full of cartoons, puzzles, riddles and nostalgia. BK013FAN For All Nurses $5.95



H. Mothers! Cartoons by Women, edited by Roz Warren. An irreverent, passionate and wickedly funny look at motherhood by the real experts - mothers and daughters. Topics include: The Joy of Pregnancy and Childbirth; Baby Frenzy; The Art of Motherhood; Are You SURE You're a Good Mother? and more. BK010MOT Mothers! $8.95

THE JOCULARITY CATALOG

ORDER FORM

Our Mission

To provide health professionals with products that can be used to incorporate humor into their lives and their workplace, and to support health professional entrepreneurs in the development and marketing of humor related products.

ITEM NO	SIZE	HOW MANY	COLOR	DESCRIPTION	SHIP TO GIFT ADDRESS ✓	PRICE/EACH	TOTAL PRICE

Method of Payment. Check or money order made payable to JOCULARITY CATALOG. Sorry, no C.O.D.'s. All orders must be prepaid.

Delivery. We ship all orders promptly or notify you of any delay. Sorry, we are unable to ship outside the United States and Canada.

Second Day Air Shipment. To have your order shipped UPS Second Day Air, please add $6.00 to regular shipping costs. Sorry, we can not provide second day shipments to Canada.

For Shipping and Handling Please Add

Orders up to $15.99 . . . . . $3.50
$16.00 to $29.99 . . . . . $4.50
$30.00 to $49.99 . . . . . $6.00
$50.00 to $74.99 . . . . . $7.50
$75.00 to $99.99 . . . . . $9.00
$100.00 to $149.99 . . . . . $10.50
Over $150 . . . . . $12.00

Alaska and Hawaii please add $3.00. Canada orders, please double the shipping and handling charges.

SUB TOTAL: _____
AZ Residents ADD 6.75% SALES TAX: _____
SHIPPING/HANDLING: _____
ADDITIONAL S&H, AK, HI & CANADA: _____
EXPRESS SHIPPING: _____
ADDITIONAL ADDRESS ADD $4.00 _____
GRAND TOTAL (US FUNDS ONLY) : _____

SHIPPING ADDRESS

We ship UPS. Please use a street address.

Sorry, we are unable to take phone orders at this time.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

JNJ52

RETURN POLICY

If you are not satisfied with an item, we' ll be happy to exchange it or refund the purchase price. Please ship to us via US Mail with the package invoice and the reason for return (so we' ll know how to serve you better).

PRODUCT IDEAS -- If you have a humorous health related product or product idea that you would like included in the Jocularity Catalog, write or call at 602-835-6165.

Sorry, we can not accept purchase orders.

GIFT ORDERS! If you would like part of your order shipped to a second address as a gift, fill in this address box and check the "SHIP TO GIFT ADDRESS" column for those items. Add $4.00 S & H for an additional address.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

THE JOCULARITY CATALOG
P.O. Box 40129
Mesa, AZ 85274
602-835-6165

You Might Be A Gomer If . . .

by Mark Winkelman, RN, with help from Sherri Wheelis, RN,
Ray Lynch, LPN, Bridget Leaonard-Cook, LPN

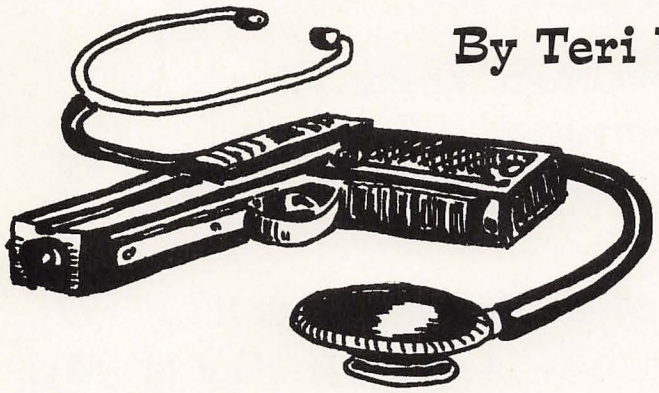
If the stand-up comedy routine, "You Might Be A Redneck If . . ." was adapted to GOMERs (i.e., representatives of the **G**et **O**ut of **M**y **E**mergency **R**oom class of patients) it might go like this:

You might be a GOMER . . .

- If you reach down to scratch your crotch and come back with a Foley.
- If your BP is 40/20 and you're still completely coherent.
- If your answer to every question is one statement and it's something like, "Lubba lubba lubba."
- If your entire wardrobe consists of surgical gowns and diapers.
- If your toenails are longer than a legally concealed weapon.
- If you get up to go to the bathroom and discover that you're missing a leg.
- If pure enjoyment to you is a new Foley.
- If you have kept more than eight people awake for more than three nights in a row.
- If your Sealy Posturepedic is now a Kin Air.
- If you amuse yourself by seeing how high you can decorate the walls with little balls of you know what.
- If your Right Guard has been replaced with Granulex.
- If you cuss your roommate for the puddles under your bed, only to find out you have no roommate.
- If your bed is made in the layered, easy to peel style.
- If you look up from the floor for the fourth time tonight and wonder, "This looks familiar," or "How did I get here?"
- If you think K-Y is an after dinner mint.
- If you cop a feel of your nurse, only to have her chuckle at you and pat your hand.
- If your room has a constant aroma of fermenting hay.
- If the last time you had a BM you were nicknamed, "Noah" or someone screamed, "Tide's up!"
- If your diapers come by the truck load.
- If you maneuvered yourself in bed so you can take a dump over the side rail.
- If your name appears on more than three employee injury forms as cause of injury.
- If the last day you clearly remember is more than ten years ago.

Be assured that every "If" has a face, a name and an endearing story. Hopefully others may start seeing those dreaded moments with a little lighter heart or even an "If" of their own.

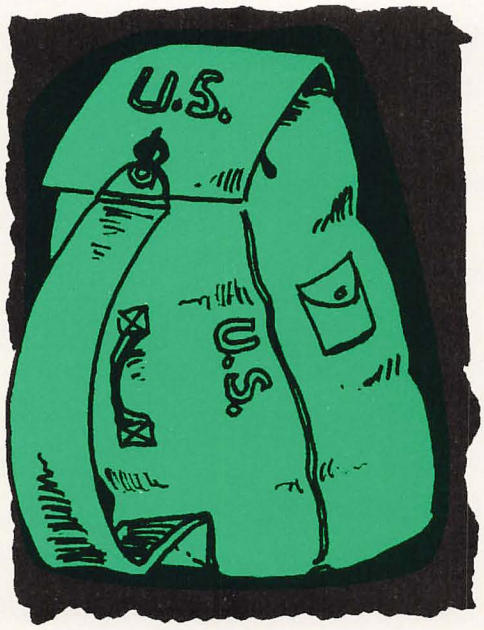
Grandma Wears



By Teri Webb, RN, BSN, USAF, NC

Most women feel like they are twenty years old until they die . . . unless someone tells them they are peri-menopausal.

At a conference I attended recently, I found out I am peri-menopausal. I now have all the excuses I need for certain decisions I have made in recent years. Due to the short term memory loss that can be attributed to menopause, I enlisted in the United States Air Force as an obstetrical nurse. I was forty-something when I enlisted. A few months later, I begged my military superiors to be sympathetic and to understand that I had made a mistake due to peri-menopausal-related short term memory loss. I could still hear them laughing as I drove to my next assignment.



My next assignment was in the middle of a cow pasture fifty miles from the nearest K Mart. I learned the meaning of reconnaissance and decided cows were the military camouflage for spy planes. It was so clever. I hated myself for not thinking of that idea first.

The military nurse has a dual career. She is an officer and a nurse. Never mind that she is also a homemaker, a wife, a mother, and in my case, a grandmother.

She dresses in *BDUs,* which for you layman is *Battle Dress Uniforms.* It comes complete with a pair of combat boots. She must be ever ready for any conflict and always arrayed in a nine millimeter pistol and a stethoscope. The mobility bag, which is equivalent to an overnight bag, must be packed with everything she will need for the duration of a war. I found this impossible. There is no room for BDUs after one has packed bottles of makeup, night creams, nail polishes in assorted colors and various deodorants, not to mention sanitary items, just in case a peri-menopausal woman continues to menstruate throughout a war.

During war exercises, she walks the floors of her unit for twelve to sixteen hour shifts in combat boots. Nothing is more stylish than a pair of combat boots sticking out of the bottom of a set of crumpled, sickly green surgical scrubs. Her worst nightmare is blood on her boots. Those toes must shine!

Recall is an interesting phenomenon. It is an exercise in which some unknown military superior calls a war in the middle of the night. The exercise begins at 0430. One nurse calls another, then she calls another, then she calls another depending on

Combat Boots

her mood or what time of the month it is. It's similar to a chain letter. The nurses are given thirty minutes to arrive at the hospital to begin war exercises. I have mastered this. I set my coffee pot timer for 0400; go to sleep with makeup on; hang my BDUs, socks and underwear on the door and ready my combat boots. Its only a matter of rolling out of bed, getting dressed, pouring coffee and fighting a war. This is an easy task for any woman who has raised children.

The medical corps is usually considered the stepchild in the military. The line officers find us disgusting. We only get two weeks of officer training. They get three months to four years, depending on whether they attended the academy. When nurses graduate from MIMSO (Military Indoctrination of Medical Service Officers), they know how to put their uniforms on. However, it is quite often missing essential parts, such as a name tag. The nurse has practiced her salute four thousand times in front of a mirror but when the stress of an approaching superior officer arises, she promptly salutes with her left hand. An about face is a complete mystery. Few nurses will ever accomplish it and what does all that have to do with delivering babies anyway?

The ergometer is a secret weapon the Air Force uses to keep nurses in line. It is a bike test given once a year to determine physical fitness. It tells the military that after working twelve to sixteen hour shifts, almost every day of the week, nurses are not going to the gym to work out. While the rest of the Air Force works a seven to four, Monday through Friday schedule, the nurses and police work around the clock. It is assumed that when she goes to work at seven in the evening and finally gets off around nine on Sunday morning, she will go straight to the track to run. She does . . . about one month before the test.

What about the nurse's spouse, you ask? Well, as he is going through middle-age crazies and has started wanting faster cars and younger women, he gets to quit his job and follow her around the world. There is something about a woman in uniform that men can't resist.

The forty-something nurse has nothing to lose when she joins the military. She has "Aimed High," "Been All That She Can Be," and is one of "The Few, The Proud, The Chosen." And she gets to keep the combat boots.

Looking For a Job?

By Sue Mehta, MSN, RN, CS, OCN

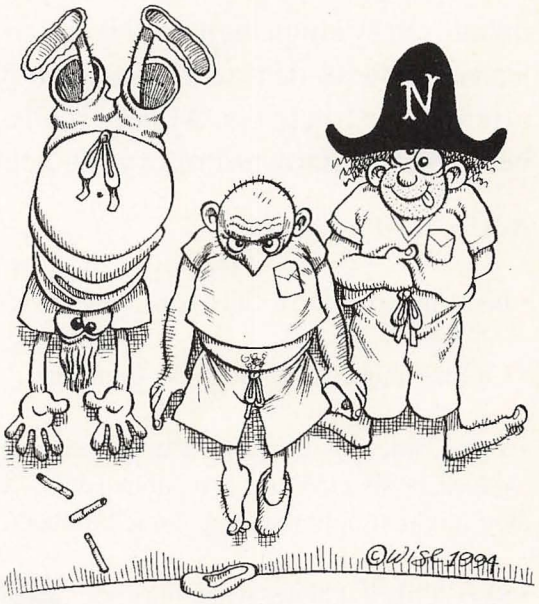
They tell us the nursing shortage is over, but we look at the workloads and wonder. Many nurses are looking for greener pastures . . . but beware! Here are some actual classified ad phrases and what they really mean.

What They Say:	What They Mean:
Will train	Any warm body will do
Psychiatric experience preferred	Being crazy helps
Commitment to wellness	No health insurance coverage
Great salary	Over minimum wage
All professional staff	Bedpans!
Terrific position available	Help!
A self-starter	No orientation
Benefits galore	You might get Christmas off—NOT
Generous shift differential	You'll be stuck on nights forever
Potential for advancement	We can't keep nurse managers
Progressive facility	High turnover
Desires energetic individual	You don't mind doubles, do you?
Flexibility	Maternity, ICU, OR, ER, who knows?
Immediate opening	Couldn't get a sucker for six months
Strong leadership skills desired	This place is a mess!
Send salary requirements	Must work cheap
Must work independently	Don't count on any help
Organizational skills required	Forget about getting out on time
Creative person	Supplies are limited
Safe work environment	Metal detectors in house
Imaginative individual	Good at deciphering doctor's handwriting
Ability to handle multiple tasks	No unit secretaries
Prior experience desired	You did go to school, didn't you?
Motivated individual	You should show up for work
Participative management	We need a unit manager, too
Competitive salary	You can get a lot more at our competitor

Velcro In Psychiatry!

The latest in restraints for the psychiatric patient . . . Safe, effective and protects patients' rights.

- We sell Velcro suits, Velcro helmets, Velcro wall strips.
- Use for the head-banger, the suicidal patient, the wandering, disorganized patient.
- They stick where you put them! They stay where you put them!
- Approved for use by offices of mental health and patient advocate groups.
- You can cluster patients in Velcro groups. You can Velcro patients to staff members. It gives a new meaning to *activity with supervision.*

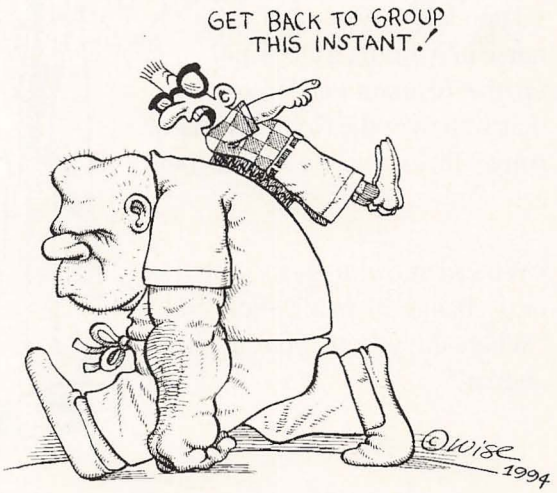


- Just imagine the many uses of Velcro in the psychiatric setting for safe patient care. The patient can choose his favorite position during a restraint process. ROM made easy!

Call now for a demonstration.
We supply the equipment and patient.

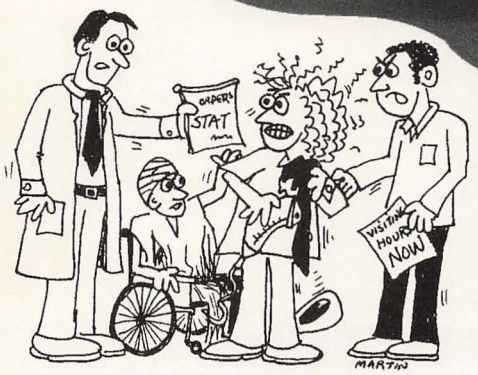
Just dial 937-7425 (WE-R-SICK)
Ask for Patricia L. Manning, RN, BSN

We are
Velcro in Psychiatry



How to Irritate a Nurse: Advice for Physicians, Patients and Visitors

By Jacqueline Gold



I've worked as a nurse for fifteen years, and know what it takes to get under a nurse's skin and irritate every single cell until it festers. Through assertiveness training and humor therapy, I've learned how to deal with these annoyances without getting sore. The advice in this article is offered constructively, without malice. Any changes produced as a result of this article would be a great step toward reforming health care.

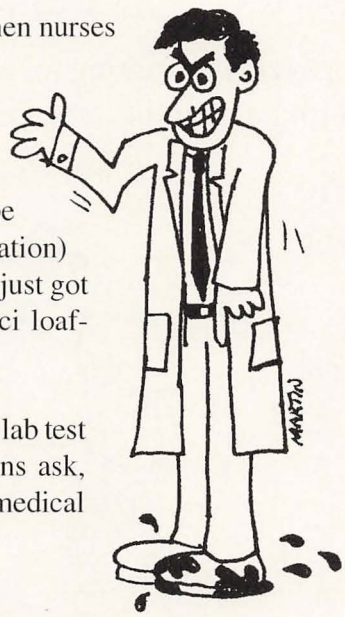
Advice for Physicians

• Insist that the nurse calls you, "Doctor Jones."

• Call the nurse, "the-nurse-on-south-hall."

• When ordering nurses to document a patient's fluid balance, be sure to write, "Accurate I & O." Otherwise, they might simply make up some numbers.

• Say, "I liked it better when nurses wore caps and all white uniforms."



• Then add, "And get a nurse into room 222 to wipe up the (execrating defecation) that's all over the floor. I just got some (feces) on my Gucci loafers."

• When a nurse suggests a lab test or a change in medications ask, "Where did you get your medical degree?"

Advice for Patients

• Start name-dropping as soon as you arrive in the hospital. Identify yourself as, "a good friend of Mr. Smith, who, as you know, is on the board of directors of this hospital." This works even if you haven't seen Mr. Smith in twenty years.

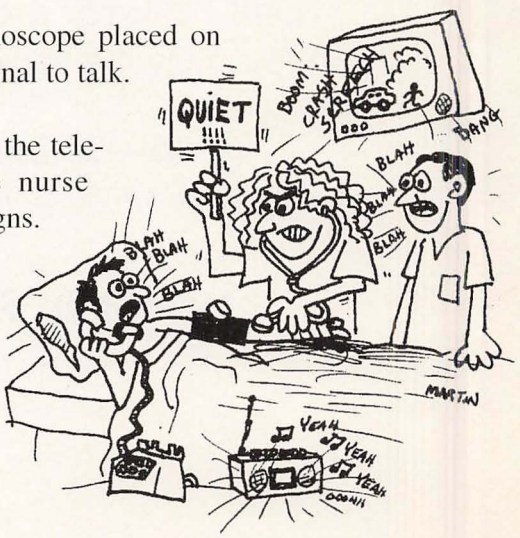
• Wait until the nurse is completely finished with your admission paperwork before you request a room on a different floor.

• Preface every sentence with, "My son-in-law, the lawyer, said I . . . "

• Interpret a stethoscope placed on your chest as a signal to talk.

• Keep talking on the telephone while the nurse takes your vital signs.

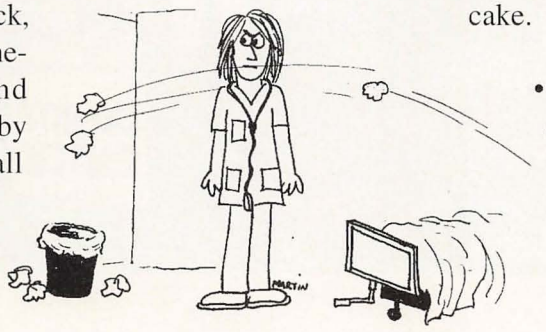
• Wrap your dentures in tissues instead of using the denture cup provided.



• As soon as you see a nurse with a thermometer, stuff your mouth with chewy candy. If the nurse waits for you to swallow, use your fingernail to dig out the candy from between your teeth. Hot or cold drinks are also good delay tactics.

• Time your questions carefully. For example, while your nurse is emptying the bedpan that you just filled with a week's worth of feces, ask, "Do you like your job?"

• Collect your thick, wet sputum in one-ply tissues and amuse yourself by playing basketball with them and the trash can. Hint: Aim for the most distant can.



• Or don't use tissues. Instead, collect your sputum in an emesis basin and keep it next to your dinner tray.

• Control when you see the nurse. Instead of grouping requests, ask for something different every half hour. When you run out of things to request, you can ask, "What medication did I receive at 4 PM three days ago?" and, "What time will my doctor come in tomorrow?" Another good standby is, "The call light must have gone off by itself."

• Wear silky tiger underwear.

• Collect old newspapers in your room. If a nurse asks if they can be discarded, refuse. Arranged on every available surface, including tables, window sills and beds, or dropped carefully on the floor, old newspapers add an intellectual dimension to your hospital room.

• Tell your male nurse that you need a female to empty your bedpan.

• Pay tribute to your nurses by visiting them weeks after your discharge. Then, insist they search your old room for the underwear that you were wearing when you coded in the ER.

Advice for Visitors

• Arrange for as many family members and friends as possible to stop by the nurses' station. Encourage each to ask the same questions. If the nurse suggests that you talk to another relative, vehemently protest, and say you don't get along with that side of the family.

• Throw a birthday party in the patient's room. Don't clean up. Several days later, as a sign of gratitude, give the nurse the last third of the fingered and coughed-on cake.

• Don't believe that the patient is really comfortable when he says he is. Instead, insist that the nurse gets another pillow and repositions the patient.

• Wander off from the patient you are visiting, go down the hall and look in on an unconscious patient you've never met. Admire all the equipment and ask the nurse how the patient is doing.

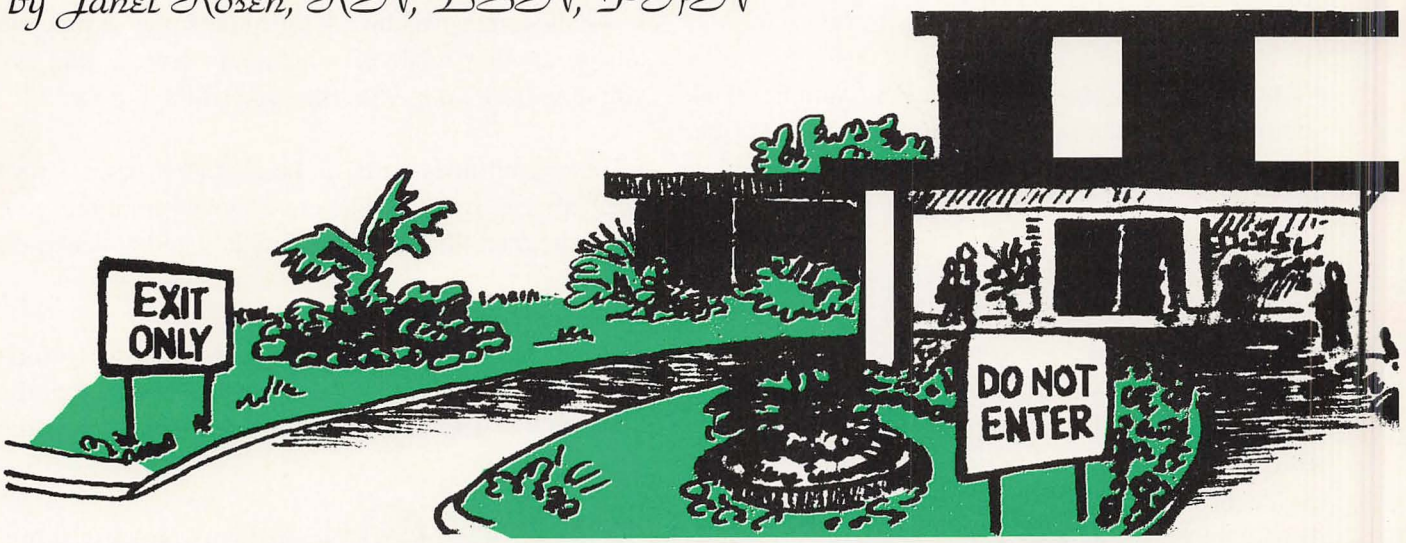
• Disregard all visiting hours. They don't apply to you. If you're asked to leave, say, "I'm from out of town." It doesn't matter if your town is only ten minutes away. If this doesn't work, tell the nurse, "The doctor gave us special permission to stay."

• Identify yourself as Dr. Smith, a close relative of the patient. Insist on a detailed report on the patient's status, including all lab results since admission, all medications, special procedures and the plan of care. Don't mention that you are the patient's fourth cousin twice removed and that your doctorate is in Sub-Saharan Archaeology.

• When visiting a patient, arrange for someone to call you with "something important." Because you don't know if you'll be in the patient's room, the day room or the coffee shop, have the caller leave a message at the nurses' station.

Oh Well, Oh Well

by Janet Rosen, RN, BSN, PHN



Welcome, welcome, to Oh Well, Oh Well. Let me just start by saying how pleased we are that your organization has signed us on to provide health insurance to all of you. I'm Dr. Smarmy and my plan today is to explain how your coverage works and then roughly outline some changes that we anticipate phasing in over the next several months.

Oh Well, Oh Well's mission is to provide streamlined, efficient delivery of health care services. We base our system on two firm philosophical foundations. First, (as our name implies), provision of services based upon the new health and wellness paradigm, in contrast to the old-fashioned and outdated illness model, and second, an adherence to the traditional family values that made this country great. We strongly believe that this two-pronged effort is the best way, in the long run, to assure the health of our shareholders.

Now, I know you all are thinking, "Dr. Smarmy, missions and philosophies are all very fine, but what does this mean when I get sick?" So let's get down to brass tacks.

Most HMOs talk-the-talk when it comes to promoting health and wellness, but here at Oh Well, Oh Well we back it up in ways the others can't even come close to. For starters, every one of you in this room today is entitled to a full 5% discount on life memberships at the 24 hour deluxe health and fitness clubs run by our affiliate, Sweat, Sweat. That's how deeply our commitment to your well-being goes!

The real cornerstone of our health promotion system, the unique development we are really darn proud of, is a co-payment schedule devised to encourage you to see your primary physician when things are going well, not just to wait until you are sick. You are entitled to an unlimited number of appointments to meet with your primary physician for a friendly five minute chat and cup of tea, and your co-payment is only $8. If you require brief counseling, teaching or a referral to other proactive wellness services, the co-payment is $15. A limited exam in response to concerns you are having will run you $25. Finally, if you are presenting with signs or symptoms of an actual illness that requires diagnosis and treatment, the co-payment is $50. We believe that this revolutionary incentives system offers the rewards you need to stay healthy and ensures that our network physicians remain profitably occupied and hydrated.

Oh Well, Oh Well knows from prior experiences with groups like yours that a major area of concern is emergency care. What do we do when little Johnny gets sick at three in the morning? Will we end up having to pay the bill for unauthorized

treatment? Let me reassure you that we are sensitive to these issues and concerns and that we feel strongly that nobody should be penalized for a true medical emergency. If you or your dependent comes to the Emergency Room, you can be sure that when we review those records the next morning all the services will be covered provided they meet the criteria outlined in our brochure. That is, any trauma or illness that ends up needing emergency surgery or that leads to either intubation or death is fully, 100% covered and, heck, that even includes the ambulance ride into the ER.

Now I'd like to throw the floor open to questions.

"Dr. Smarmy, I notice in the brochure that the home health benefit seems limited. Our old policy included things like home health aide, social worker . . ."

Well, sir, I want to re-direct you to my earlier comments about promoting a wellness model. We do offer a home care benefit, because we recognize that it is a vital component of the full spectrum of continuity of care. Unlike your previous plan, ours is configured to foster independence, not to provide unneeded services that merely feed one's negative self-image as a *sick person.* Upon discharge from the hospital, you will receive a visit within three days from a genuine Registered Nurse who will make sure that you are up and around and following doctors' orders. She will notify us if you are not, so appropriate corrective action can be taken.

"Excuse me, Dr. Smarmy, but I don't quite understand what the brochure says about the rehab and skilled nursing facility benefit?"

Skilled nursing facility, or SNF, like home care, is an essential part of the continuity of care system. A person who has been in the hospital, who is now deemed medically stable by our team of clerical staff but who is actually fully nonfunctional, is eligible for skilled nursing care.

Of course, there are no facilities in this community that cost-effectively provide the high level of care that these patients need. So what we do is just keep them in the hospital and reimburse the hospital at our lower "SNF" rate. This creates a powerful incentive to get the person functional. On the day that the level of care needed decreases to what is called "custodial," the patient is released to home and is, of course, eligible for home care as we previously discussed. As you can see, this benefit is nothing to sniff at!

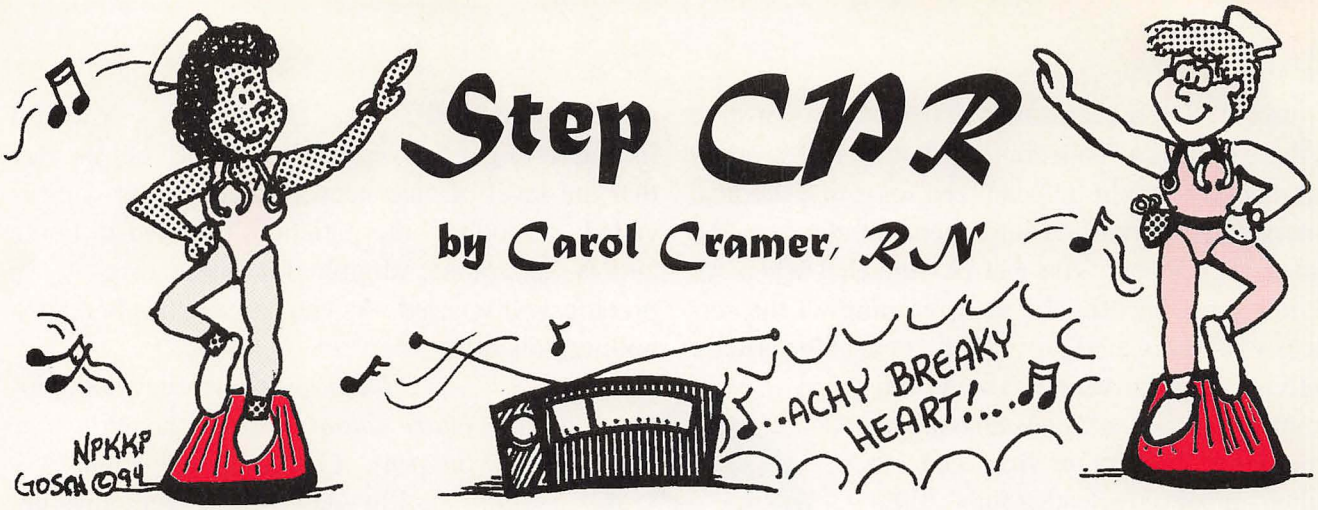
"I don't see anything in the brochure about hospice benefits, Dr. Smarmy. Can you address that?"

I'm glad you brought that up, Miss. This is an example of how Oh Well, Oh Well supports the traditional family values that make this country so great. We are fully behind the philosophy of hospice. We can think of no better place for a dying patient to be than at home with his or her loved ones. Our network physicians are in tune with us on this and actively encourage our dying patients to *just stay home* and not endure the discomfort of coming to the hospital. And what greater expression of all-American family love, duty and devotion is there than to be allowed to tend to a spouse, parent or child who is terminally ill? We would not dream of intruding upon this sacred time with a bunch of people in white lab coats nosing around. The job of the family is to care for the family.

"But Dr. Smarmy, what about people who don't have family?"

Our program, sir, is about *choice.* It is about choosing healthy lifestyles and promoting wellness. If someone chooses not to have a family and then gets sick, well, we don't see that as our responsibility. Remember, we at Oh Well, Oh Well reject the old paternalistic, illness-based model.

I see we are out of time. I had hoped to have some time to discuss upcoming changes in your coverage, and specifically the move to *full risk* capitation in association with MegaMerged Medical Center, but that will have to wait till next time. So in conclusion, we know that when all is said and done, and you've read the fine print, your heartfelt response is going to be -- "Oh Well, Oh Well."



I like step aerobics. I go to the spa three times a week. Sometimes it's hard to find time, since I spend so many hours at work. Aerobics makes me feel better about my body and my life.

One afternoon at work I was in the cardiac room preparing for a full arrest that was en route. I expected his arrival in my ER at any moment. I moved the stool I stand on to do CPR next to the stretcher. Upon the patient's arrival, I helped transfer him from the field stretcher to our gurney.

I immediately stepped on the stool and began to perform chest compressions. At one point I stepped off the stool, then back on the stool. The entire time I continued performing chest compressions.

Suddenly I had it! The ultimate nurse workout—"Step CPR." A total "cardiac" workout. Get your pulse going and, with hope, the patient's as well! Step CPR involves much greater skill than your average step. The stakes are higher too. The weight you lose may be permanent!

I could envision the nurse instructor, wearing Spandex and running the code.

"Check your pulse for six seconds, add a zero. Now check the patients pulse for six seconds. Does he have one? No? Keep going, one and two and three and . . . Step up, step down, keep your elbows soft . . . Work it ladies!"

I visualized an instructional video. The patient lies on the stretcher as nurses, dressed in white Spandex thongs, are doing step CPR to the tune of *Achy Breaky Heart.*

After the patient was gone, a few of us remained cleaning the room. I shared my vision with my colleagues. We laughed until we cried.

The next day I went to my step class. Before class, the instructor asked if anyone had a good joke. I volunteered and told them my vision of fitness for the health care professional.

When no one laughed, I was confused. A room full of women in leotards were staring at me. Their mouths were gaping, their eyes bulging wide. I looked in the mirror. Had I grown another head? Was I from another planet?

"You were laughing while this man died!"

I tried to explain how funny it was. Yet these humorless non-nurse earthlings continued to lambaste me.

I felt myself sinking. I wondered how many months I had left on my spa membership. Perhaps I could transfer to a different spa.

I was alone, totally alone, when from a far corner of the room a quiet chuckle began. The snicker then grew to a full laugh. One lone person found my story funny. A soul mate perhaps.

Everyone turned to stare in disgust at this disturbed person. "You think that's funny?"

"I do," she laughed.

"You're as sick as she is!"

"No, I'm not sick," she said, "I'm a nurse."

So, she wasn't a soul mate. She was a Nurse Mate.

(See associated story on next page.)

Why Is This Funny?
Nursing's Unique Humor

by Fran London, MS, RN

In my Editor's Notes in The *Journal of Nursing Jocularity*, I frequently refer to unique nursing humor and our Secret Knowledge. When non-nurses submit cartoons and humor for publication, we often turn them down. We explain that we're looking for *insider humor,* the kind of jokes only nurses and other health care providers would get.

Finally, we received an article that illustrates this unique nursing humor I was trying to describe. *Step CPR,* by Carol Cramer, shows how humor can backfire if the nurse is unaware that her knowledge is Secret Knowledge, not shared by the masses. Haven't you been caught in a situation like this?

When we decided to become nurses, we did so with a noble purpose. To help people. To ease suffering in the world. To be of service. Maybe even to ensure well paying jobs, so we could responsibly care for ourselves and our families.

But no one told us that by choosing this path there would be unavoidable side-effects. These are permanent, irreversible changes that would separate and isolate us from ordinary people forever. I am referring to the Secret Knowledge.

Most people have never seen someone seriously bleed. Have never seen someone really in pain. Have never seen someone die.

We have.

Most people can avoid and deny awareness of the human response to illness. It's too overwhelming to think about. Too embarrassing.

We can't. In fact, our job is to treat the human response. We face it, head on, every day.

Nurses share this Secret Knowledge. Larson (1990) has shown that as nurses learn to handle the external stressors, such as high acuity and expecting the unexpected, their stressors shift to internal pressures. Their feelings. Their responses to what they experience. And when nurses try to share these feelings, as demonstrated in *Step CPR,* they are met with horror. So, to avoid social isolation, nurses suffer in silence. And when the suffering becomes too great, they leave the profession.

But this is not necessary, again, as demonstrated in *Step CPR.* For, in the end, she found a Nurse Mate. Someone who shared the Secret Knowledge. Someone who got the joke.

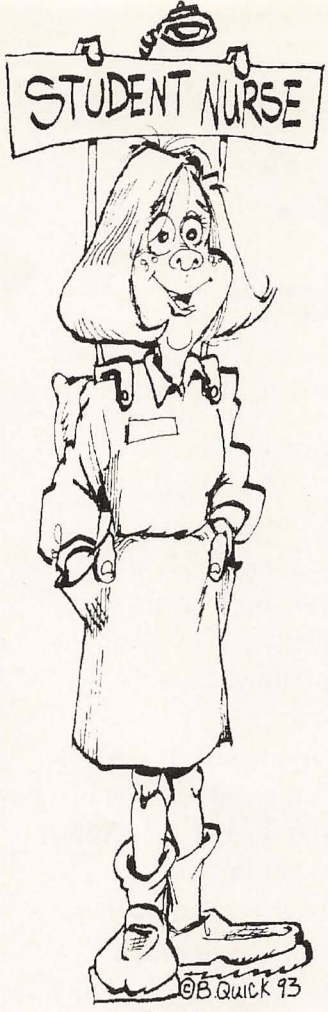
Much that is written in the psychiatric literature addresses the emotional damage caused by unshared secrets. These secrets are often about abuse, alcoholism or a family member's inappropriate behavior. However, it is not the information that does the damage. It is the isolation that comes from keeping the secret. The walls of defense. The fear of exposure.

Sharing the Secret Knowledge is one purpose of The *Journal of Nursing Jocularity.* We talk about how humor relieves stress. It does this by sharing our secrets in a safe environment. Acknowledging our responses to what we see and know. Laughing about our feelings. When we find out other health care providers feel that way too, it makes the feelings OK. It makes us OK. It helps us face our jobs. It helps us stay in the profession.

Does any other magazine do that? Humor is powerful stuff.

Larson, D. G. (1990). Helper secrets: Internal stressors in nursing. In R. L. Ismeurt, E. N. Arnold and V. B. Carson (Eds.), Readings in Concepts Fundamental to Nursing (pp. 34-40). Springhouse, PA: Springhouse Corporation.

Student Nurse Cut-Ups!



The Specimen

In my second week as a nursing student, my total repertoire of nursing skills consisted of hand washing and making an unoccupied bed. The nurse manager asked me to obtain a stool specimen from Mr. Jones. She handed me a small container that looked like an oversized ice cream cup.

Entering the room, I nervously explained to Mr. Jones that I needed a stool specimen, handed him the cup, and pointed to the bathroom.

Looking worried, Mr. Jones entered the bathroom. I stood outside the door offering encouragement. At last, he emerged from the bathroom with a rather large stool draped precariously over the side of the cup and asked, "Now what do I do with the lid?"

Linda A. Rooda, PhD, RN

A Weighty Matter

After weeks of practice in the skills lab, I looked forward to demonstrating my expertise with real patients. My first was on daily weights and I used the chair scale. I carefully recorded her weight as 108 pounds.

My instructor checked the chart and pulled me aside. "There's a discrepancy on that weight," she frowned, "Yesterday she weighed 114 pounds. You'd better check it again."

Mortified, I explained to the patient why I had to weigh her again. The instructor stood behind me to evaluate my technique. The scale settled again on 108 pounds.

The elderly lady brightened and said to my instructor, "Oh, honey, she's right," she waved at the bedside commode, "I finally filled the pot last night!"

Alexandra Winfield-Scott, RN

Wanting a Boy

A very pregnant nursing instructor was lecturing on skin assessment. As she discussed skin turgor, she demonstrated on her forearm. She stated, "To assess for skin turgor, just pinch up the foreskin like this."

Jena Howell, MSN, RN

Snap, Crackle and Crep

On one of my first clinical assignments, I was given a patient who was very ill. After both my instructor and I completed our assessments of the heart and lungs, she asked me what I heard.

I replied, "Crepitus."

Trying to hold back a smile, she replied, "I don't think you heard crepitus, but maybe you heard some crackles!"

Jennifer Newbury, SN

Able to Follow Instructions

The nursing students were being prepared for their first clinical experience. The instructor explained, "You do not have to wear your uniforms, just your lab coats."

One student in the back of the room raised her hand to ask, "Just our lab coats? No uniforms?"

You guessed it. She showed up the next day in a lab coat over her usual under-garments. No uniform.

Patsy F. Trahan, MS, RNC

Student Nurse Cut-Ups is a regular feature in the Journal of Nursing Jocularity. Send your funniest true student nurse stories(50 to 150 words) to us at JNJ Student Nurse Cut-Ups! Judith Vallery, MSE, RN, 15106 Morning Tree, San Antonio, TX 78232. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.


THE ADVENTURES OF P.M.S. THE P.M. SUPERVISOR
BY C.J. MILLER
THE NEW RESIDENTS LIST JUST CAME OUT... WOULD YOU LOOK AT THESE BEEFCAKES!!!
1995 RESIDENT LIST
THIS IS ALMOST AS GOOD AS THE SWIMSUIT ISSUE FROM SPORTS ILLUSTRATED.
YEAH, WONDER WHAT THAT ONE WOULD LOOK LIKE WEARING A STETHOSCOPE... ONLY A STETHOSCOPE!
LOOK AT THIS LOVE NYMPH... I'VE DIED AND GONE TO HEAVEN. SURE WOULD LOVE TO HAVE A PHYSICAL FROM HER...
SAY... WHAT'S GOING ON?
OH... NOTHING, JUST A LITTLE ANNUAL REVIEW OF THE NEW 1ST YEAR LOVE GODS... I MEAN RESIDENTS.
HARASSMENT POLICY
ACCORDING TO OUR HARASSMENT POLICY IT'S NOT A GOOD IDEA TO LOOK AT THESE YOUNG HEALTH PROFESSIONALS AS SEX OBJECTS OR MEASURE THEM AGAINST THE STANDARDS IMPOSED ON US BY THE MEDIA AS CULTURAL NORMS...
YOU'RE RIGHT... IT'S WHAT IS ON THE INSIDE OF A PERSON THAT COUNTS. WE JUST HOPE THEY ARE WARM, CARING, INTELLIGENT DOCTORS THAT CAN WORK AS A TEAM TO ALLEVIATE HUMAN SUFFERING... HERE P.M.S., TAKE THIS, WE NEED TO GET BACK TO WORK...
WOW... THIS HUNK LOOKS ALARMINGLY LIKE MEL GIBSON...
1995 RESIDENT LIST

Back Issues

Vol. 1, No. 1.-Spring 1991
OB: Progressing from Front to Back · Disease of the Month Club · Sadistics · How to be a Crack ICU Nurse · How to Read Nursing Employment Ads · Space Alien Abduction Disorder · Nurse's Car Shopping Guide · Emergence of the Male Crotch · Addendum to DSM III-R · Two page introductory Culture and Sensitivity. 44pp., $4.50ppd. Soon to be a collectors item!

Vol. 1, No. 2.-Summer 1991
Whinorrhea · Real Reasons Nurses Call in Sick · Toxic Sock Syndrome · En-Clux Test-Bored State of Nursing Review · The Confusion-ometer · The Eastside Communique · Ninja School of Nursing · Communication Skills: Improving Guest/Pest Relations · Stories From the Floor · The Humor Basket · Today's Nursing Fashions.
44pp., $4.50ppd.

Vol. 1, No. 3. -Fall 1991
Wild Bill · Bob's Discount Hospital · Gauze · That was No Body, That was Grandma · You Know It's Going to be a L-o-o-o-ng Shift When . . . · Notice of Nursing Vacancy · Arrogant Physician Disorder · Fables from the Forties and Fifties- Peg Redecorates · Call Lites: The JNJ Joke Collection. 44pp., $4.50ppd.

Vol. 1, No. 4. -Winter 1991
The Bag · Intravenous Therapy -Earn CEUs · School Nurse · Horo-scopy: The Horoscope for Nurses · Beeper Toxicity · More How to Read Nursing Employment Ads · My Favorite Holiday · The Adventures of PMS: The PM Supervisor · The Eastside Communique · HumoRx - Review of C. W. Metcalf's works · Jest for the Health of It: Creating a Comedy Cart. 44pp., $4.50ppd.

Vol. 2, No. 1. -Spring 1992 - SOLD OUT

Vol. 2, No. 2. -Summer 1992 - SOLD OUT

Vol. 2, No. 3. -Fall 1992
Cerebral Edema Type II · Intragalactic Traveling Nurses · Today's Nursing Fashions · A Portrait From Johnny Yuma · DSM-IV: A Preview for Nurses · Erik Erickson's Developmental Stages Applied to Nursing Research · Fool's Rules · Good Grief, Peg, Hold Him Down · A Tale of Two Friends: Kidd Knee and Cysto · The Olympic Athletes of Mill Town Memorial · How the Average Nurse Spends Leisure Time · Bedpan Blues · Stories From the Floor · Humor in the Hills, 44pp., $4.50ppd.

Vol. 2, No. 4. -Winter 1992
Cancer Prevention - A Female Perspective · More How to Read Nursing Employment Ads · New Gadgets for the 90's · Laughing Sprites · B.O.N.I. - Burnt Out Nursing Inventory · Care of the Unconscious Patient · Stethoscopes R Us · More Real Reasons Nurses Call in Sick · Forbidden Humor is Not Necessarily Negative Humor, by Dr. Christian Hagaseth III · Critical Care Corner · Send in the Clowns! Part I, 44pp., $4.50ppd.

Vol. 3, No.1.-Spring 1993
Emergency Department Baseball · Mendy's Laws and Rules of Disorder for Nursing · Insurance Alert · Educating Hannah · How Humble are You? · Bedside Bird-Watching · Nursing School vs. "Real Life" Nursing · Immediate Nursing Action · Guidelines for ACLS Recertification · Humor, Laughter and Tears · The Adventures of PMS, the PM Supervisor · Jest for the Health of It, 44pp., $4.50ppd.

Vol. 3, No.2.-Summer 1993
Which Way to the Hospital? · Silly Superior-ISMS · Why are Computers Better Than Sick Folks? · Climbing to the Top · Vic · Behind the Scenes at a Long-Term Care Pharmacy · Iso-Suit · Emergency Stat: Nintendo Overdose · Meet Mr. Nightingale · I Love Being a Mommy... · Culture and Sensitivity · Student Nurse Cut-Ups, 44pp., $4.50ppd.

Vol. 3, No.3.-Fall 1993
The Dogs and Cats of Healthcare · Why? · 12 Step Nursing School · Faculty Beware · So What Really Made You Become a Nurse? · Three Cheers for the Health Care Team · Are You Ready For The 90's · Knight, Knight · Nursing Lingo · Out of My Class · Jest For The Health of It! — Physician, Tickle Thy Comrade, 44pp., $4.50ppd.

Vol. 3, No.4.-Winter 1993
The Ideal World of Nursing · Passages · 'Twas the Day Before Christmas · Nurses of Infamy · Broken Heart Syndrome: A Case Study · Read My Lips · Seasonal Depression Related To Lack Of Christmas Spirit · The Art of Pen(light)manship · Liven Up! Fun for Folks at Work · Jest For The Health of It! - Making Humor Work, 44pp., $4.50ppd.

Vol. 4, No.1.-Spring 1994
How to Be a Crack ER Nurse · A Specimen From Barney · The Lighter Side of Death and Dying: Listening for Laughter · Flatometer II · The Midnight Ride of Nurse Revere · Thoracic Park · Surviving Two Decades of Nursing Students · What the Interviewer Really Meant... · Guaranteed to Go Wrong · The Inevitable Questions · De-Liver-y STAT! · New Nursing Gadgets for the 90's, 48pp., $4.50ppd.

Vol. 4, No.2.-Summer 1994
Tern Migration · Laws of the O.R. · Crash Course from the Crash Cart · Totally Informed Consent · The Story of Betty the Bully · Your Guide to Choosing a Nursing Education Program · Do Nurses Make the Best Parents · The New Nurses' Guide to ECG Interpretations · I was Framed · Things They Never Taught You in Nursing School · The Stages of Laughter, 48pp., $4.50ppd.

Vol. 4, No. 3.-Fall 1994
In the Dark in ICU · A Nurse is a Nurse · The Autopsy · Charting Bloopers · Romancing the CVP · ICP Monitoring Home Insertion Kit · Administrative Aptitude Test · Nursing Diagnosis Experience · You Know You've Been a Nursing Student Too Long When... · Incident Reports: Psych · Do You Have a Sense of Humor · Rockin' Cancer's Blues Away, 48pp., $4.50ppd.

Vol. 4, No. 4.-Winter 1994
A Visit From Saint Nicholas · Save That IV · Bits, Bytes and Caffeine · Combating Inspection Anxiety · Rules of ER Etiquette for Patients and Visitors · Nursing Questions That Can't Be Answered · Immediate Nursing Action · Psychiatric Nurses' Network Admission Exam · Horo-scopy: The Horoscope for Nurses · The Nursing Channel · Choosing to be Amusing, 48pp., $4.50ppd.

Vol. 5, No. 1.-Spring 1995
So You Want to Be A Nurse Executive · Ode to Swan Ganz · Maimography: The Pancake Pose · You Know It's Gonna Be A Bad Day When... · Seven Theses for Reform · Images of the Perfect Nurse · Mental Health Days · Healthcare Movie Ratings · Code Brown: Are Your Prepared? · Laugh and Learn: Humor in Nursing Education, 48pp., $4.50ppd.

Vol. 5, No. 2.-Summer 1995
Reclaiming Your Inner Pup · The Sea Witch · Mental Health Nursing · Confessions of a Camp Nurse · You Know the Bureaucracy has Gotten too Big When... · Patient Transfer Quiz · The Four Basic Personality Types of Nurses · Medical Mutants · Environmental Unconsciousness: IV Tubing · Discharge Planning Made Easy · Starting a Humor Cart, 48pp., $4.50ppd.

Special Discount! Buy four or more issues, and they are only $4.00 each, postage paid. Limited supplies of some issues, so DON'T WAIT!

Make checks payable in U.S. funds. For Canadian & Foreign Sales, add $1.00 per magazine for additional postage, maximum $4.00.

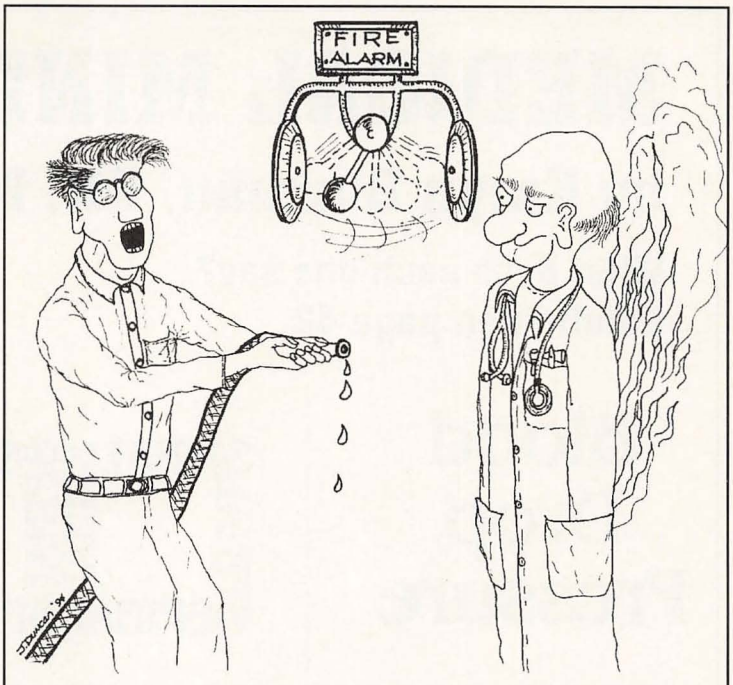
Back issue sales are handled separately from subscription sales. To speed delivery, please send all back issue requests to:

JNJ Back Issues
P.O. Box 40416
Mesa, AZ 85274

The Journal of Nursing Jocularity is also available at bulk rates. Big Discounts for orders of 25 copies or more. It can be sold in Uniform or Nursing Supply stores, and is a great gift for nursing staff. For information send requests to: JNJ Bulk Rate, P.O. Box 40416, Mesa, AZ 85274.

Punchline Puzzler

Winner from our last issue. We had 96 captions submitted



I sure hope you're a urologist, I can't seem to get a steady stream from my hose.

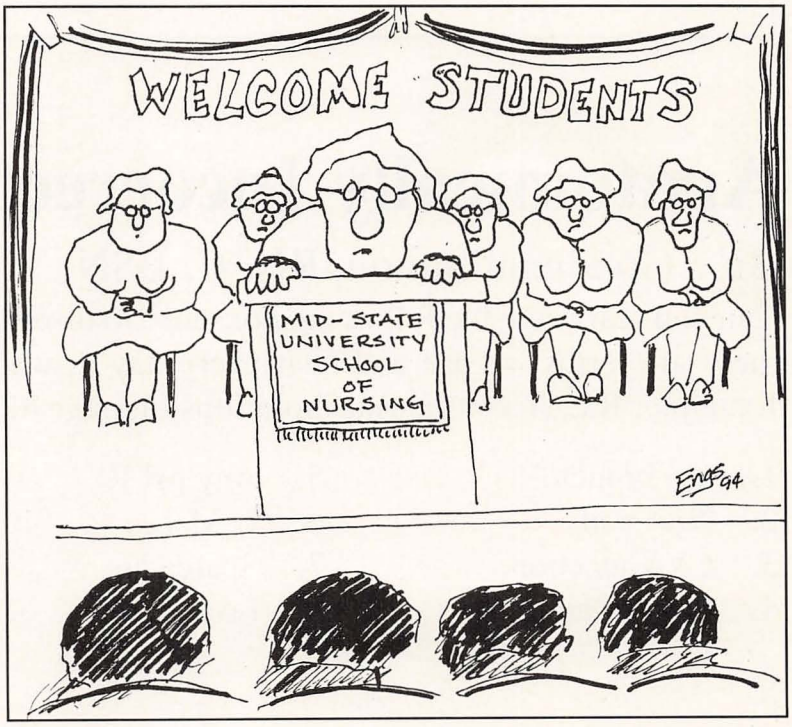
Winning caption by
Beth Mather
Carthage, NC

Runner-up captions

Ray, a Vietnam vet, finally lives out his dream of yelling, "Everyone clear . . . Fire in the hole!"
Kay Stanley, RN
Goshen, IN

Relations between the maintenance department and the medical chief of staff were about to go from bad to worse.
Robyn Schwartz
Willow Grove, PA

This cartoon needs a punchline. The Journal of Nursing Jocularity will award $25 and a JNJ T-shirt for the best caption. Two runners-up will receive a JNJ T-shirt. Send your entry on a postcard to: JNJ - Punchline, P.O. Box 40416, Mesa, AZ 85274. Entries must be received by September 30, 1995.

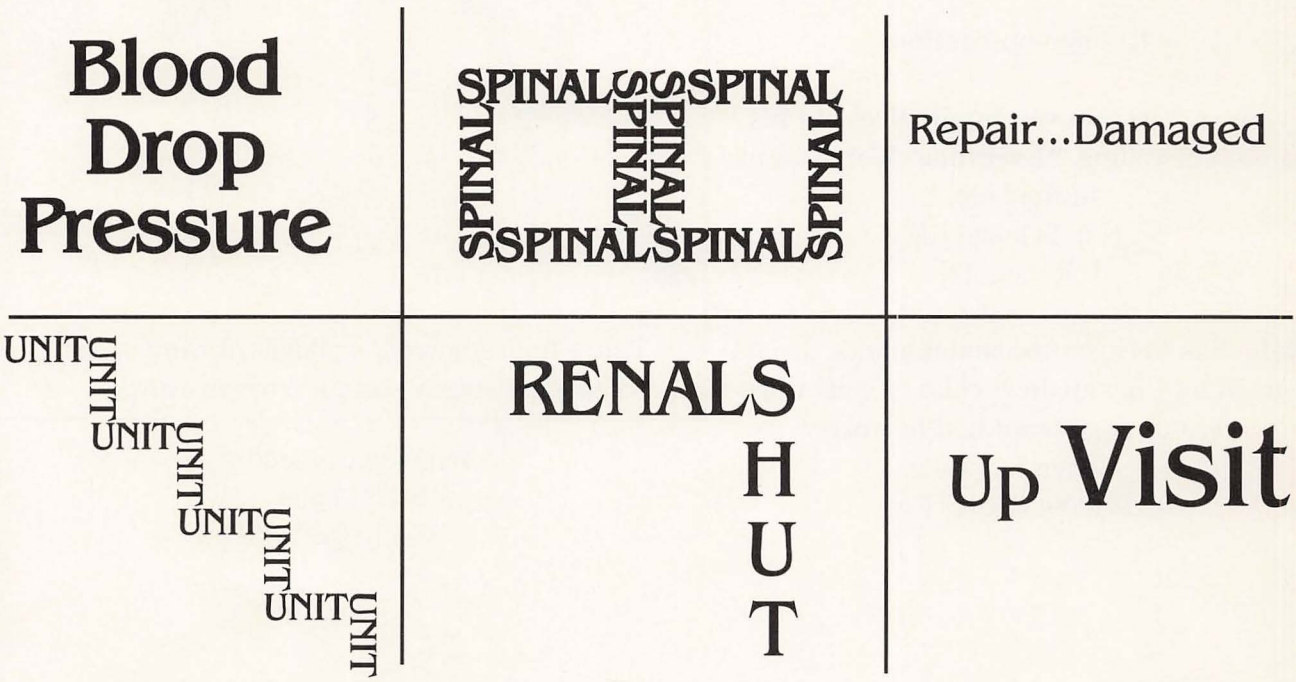


Special thanks to Jim, Gen and Rudy of the Bobby McGee Judging Committee

MEDICAL MINDBENDERS!

by Karyn Buxman, RN, MS

What does each one say?
Solution on page 42.



Anatomically Incorrect

Bina Goodman Simon, RN, C, BSN

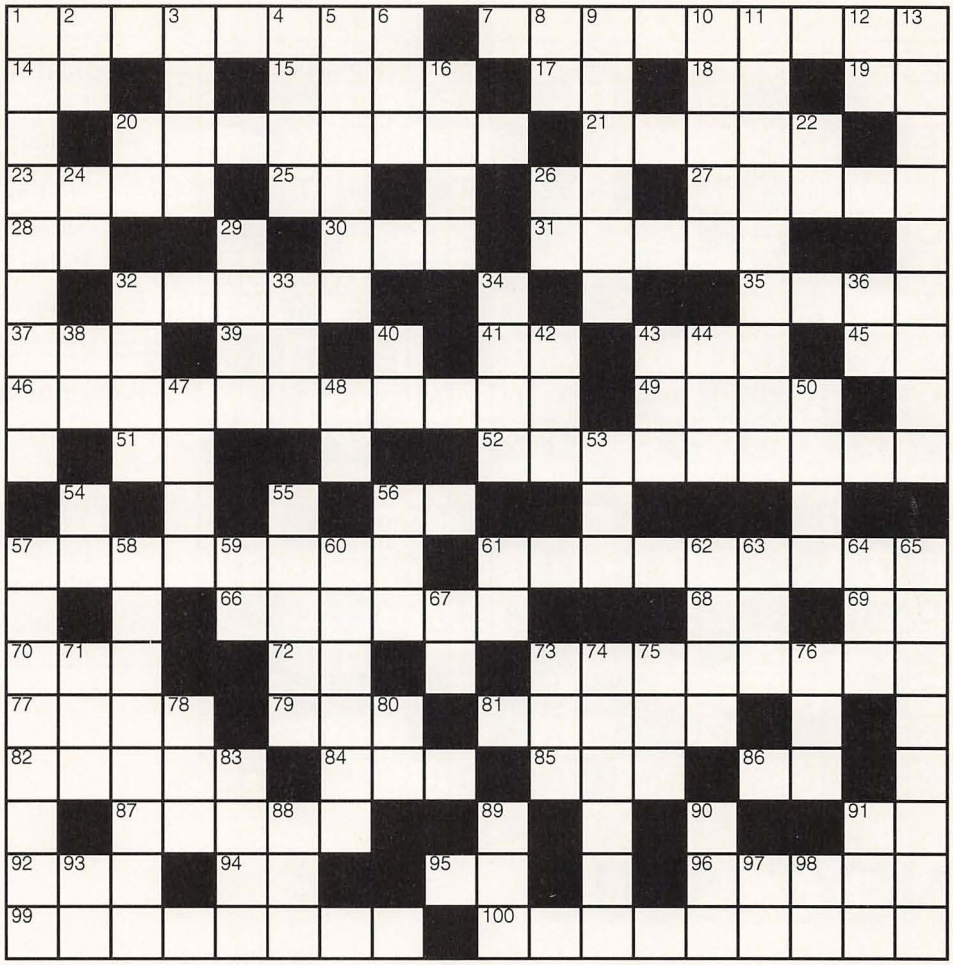
Can you rearrange the following nonsense to discover some human body parts? Most of these are terms we use and hear every day at work. All answers are only one word. Example: Rx: vice = cervix. Solutions on page 42.

1. So, brunch!
2. Xray= nl
3. CVA junction
4. Pay hot air dr.
5. Any pH Rx
6. U Mecca
7. Spare can
8. Lo- cache!
9. Lime tang
10. Ail, pal? Cry!
11. Hate car
12. S'more mooch

JNJ CROSSWORD

Radiology

by Pauline Donnelly, RN, BSN

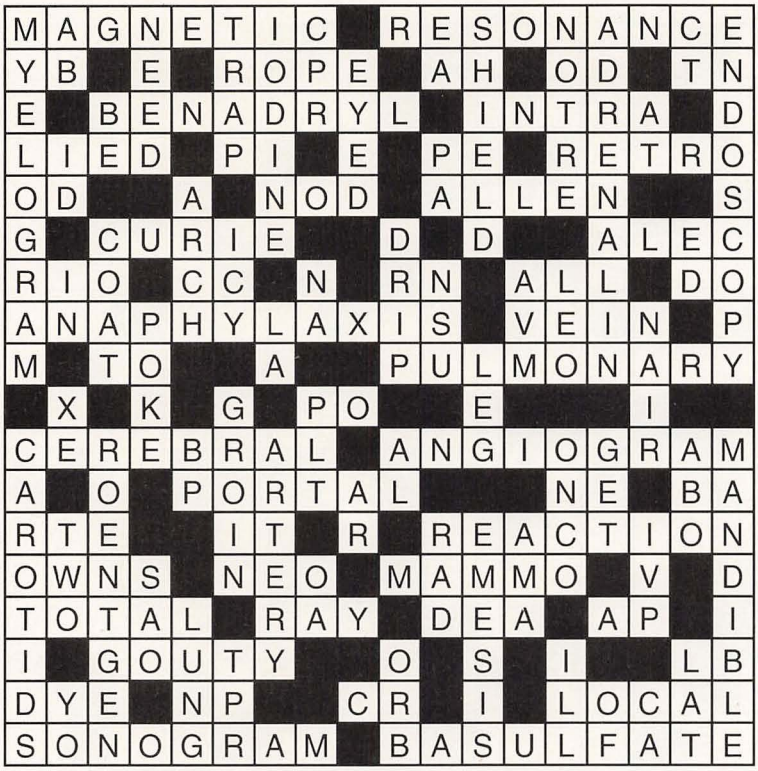


ACROSS

1. The "M" in MRI
7. The "R" in MRI
14. Ytterbium
15. A Western restraint
17. Sound of relief
18. Overdose
19. Tennessee
20. Hives treatment
21. Within, inside
23. Didn't tell the truth
25. $\_r^2$
26. Pulmonary embolus
27. Behind
28. Right eye
30. Nonverbal yes
31. Radial artery stick pretest
32. Famous chemist, Marie
35. "Smart ____"
37. Spanish river
39. ml
41. Professional nurse
43. Every one
45. Osteopath
46. Severe allergic reaction
49. Venogram site
51. Opposite of from
52. Lung angiogram
56. Barium swallow route
57. & 61. Brain dye test
66. Liver vein
68. Compass direction
69. Barium
70. Variant of Rt.
72. Impersonal pronoun
73. Allergic event
77. Possesses
79. New
81. Breast gram
82. Sum
84. Alpha, beta, gamma
85. Drug enforcement people
86. Xray view
87. Painful toe joint
91. Converts to kg.
92. Contrast
94. Nurse Practitioner
95. Kidney blood test
96. Skin anesthetic
99. Ultrasound
100. Oral contrast

DOWN

1. LP + dye
2. Blood type
3. Want
4. Mouse or clap
5. CT dye base
6. Life-saving initials
8. Each
9. Barrier to radiation
10. _____ Dame
11. Give for anaphylaxis
12. Same as CAT
13. UGI examination
16. Looked at
20. Barium enema
22. Where it's __
24. Part of Freud's trinity
26. Xray view
29. Aortic bend
32. Stick to, cover
33. Chilled
34. IV infusion
36. 24HR/D outpt. dept.
38. Intranasal?
40. Sodium
42. Neuro ICU
43. Blood vessel malformation
44. Doc's Zodiac sign?
47. Prod, stick
48. Left atrium
50. Hair remover
53. Lower extremity
54. Xenon
55. Shave for angiogram
56. Platelet
57. Common Doppler exam
58. Discovered xrays
59. Blood pressure
60. Carotid or radial
61. Aluminum
62. Cancer prefix
63. Obtain
64. Blood imcompatibility
65. Sucker punch fracture
67. Argon
71. Diplopia number
73. Measurement of radiation
74. Unpleasant contrast SE
75. MD organization
76. Kidney dye test
78. Portugese saint
80. Osteoarthritis
83. VQ scan
88. Vital signs
89. Globe
90. Sick
91. Xray view
93. Half a yoyo?
97. From
98. Calcium



Medical Mindbenders Solutions

1. Drop in blood pressure
2. Spinal block
3. Damaged beyond repair
4. Step down unit
5. Renal Shutdown
6. Follow-up visit

Anatomically Incorrect Solutions

1. bronchus
2. larynx
3. conjunctiva
4. parathyroid
5. pharynx
6. caecum
7. pancreas
8. cochlea
9. ligament
10. capillary
11. trachea
12. chromosome

NEXT ISSUE

My Glove is Quick By Evette Grins, RN. Mickey Spillane, move over! Tess Tosterone, private RN for hire, is here.

Maladies, Mishaps And Muck By Toni D. Helfrick, RN, ACLS. Finding entertainment in patients' reports of what brings them to the Emergency Room.

Don't Ask Me, I'm Just A Shepherd By Christopher Hughes, RN. One nurse's response to being hit up for a lot of medical advice.

EKG With Aberrancy By Marie Moseng, RN. You, too, can pick up the finer points on telemetry strips.

The Phenomenon of Anal Varicosities or Doctoral Studies and Hemorrhoids By Sharon K. Broscious, RN, MSN, CCRN and Laura J. Grieve, RN, MSN, CCRN. A dissertation proposal, for those research-oriented *JNJ* readers.

"I've Read About It . . . " By Kathie DeMatteis, RN, MN. Sometimes we make a patient's hospital stay more tolerable . . . and memorable . . . with a little humor.

Gimme a "P"! Gimme a "A"! Gimme a "C"! Gimme a "U"! By Elaine Tuten, RN. Thinking about a career change? Have you considered the PACU?

JOURNAL OF NURSING Jocularity

Give yourself permission to laugh about this wild and crazy profession. Give yourself a treat. Don't miss a single issue of the **Journal of Nursing Jocularity**, one of the fastest growing nursing journals around.

"One of the 10 Best Magazines of 1991. A wild sick magazine that deserves immediate attention." ***Library Journal, April 15, 1992.***

Subscribe to The **Journal of Nursing Jocularity** today!

Subscription Rates

USA	1 Year	2 Years	Canada , Mexico and Foreign	1 Year	2 Years
Individual	$14.95	$25.95	Individual	$18.95	$29.95
Library and Institute	$18.95	$29.95	Library and Institute	$22.95	$33.95

Enclosed is my check or money order (**U.S. Funds Only**) for $_____

Name _____ ☐ 1 Year Subscription

Address _____ ☐ 2 Year Subscription

City/State/Zip _____

The Journal of Nursing Jocularity makes a great gift!
Please send a gift subscription to:

Name _____ ☐ 1 Year Subscription

Address _____ ☐ 2 Year Subscription

City/State/Zip _____

Gift from _____

Because the JNJ is mailed in bulk to keep our costs (your subscription price) down, we are unable to start subscriptions with back issues. The JNJ is published quarterly (February, May, August and November) Your first issue may take up to 12 weeks for delivery.

Return to:
JNJ Dept. JNH5
5615 W. Cermak Road
Cicero, IL 60650-2290

Use Coupon or Duplicate

Subscribe Today!

HUMOR Rx

by Karyn Buxman, RN, MS

Humor at Work

Those who know me know how to tell my favorite books in my library. They're the ones with water marks along the bottom. (My favorite books accompany me to my favorite place: a steaming hot bath.) *The Smile Connection,* by Esther Blumenfeld and Lynne Alpern (Prentice Hall, 1986), has been one of those books.

Imagine my delight when I found the sequel: *Humor at Work: The Guaranteed, Bottom-Line, Low Cost, High-Efficiency Guide to Success Through Humor* (Peachtree Publishers, 1994, 255 pages, $14.95). Those of you who have read Blumenfeld's and Alpern's first book will notice that they've updated and expanded it. For those of you who aren't familiar with either book, let me give you a peek.

The first couple of chapters deal with humor on the job: why, what, who, when, where and how. While these chapters aren't targeted for health care specifically, the general information still applies. Topics include a humor assessment, humor and stress, humor and conflict, how to increase your humor awareness, and how humor can help others.

The next section delves into humor with employees and with coworkers. Points for managers: sending a message with humor (maintains attention, makes a point and illustrates a problem), constructive criticism (without putting the employee on the defensive), group cohesiveness, unpleasant news (softening the blow), giving permission for humor, and humor for training and presenting. Points for coworkers include establishing rapport, poking fun without offending, daily aggravations, relieving boredom, connecting with others, and how to maintain connections near and far.

Does your line of work include presentations? Perhaps it's diabetic teaching to a small group or your career ladder requires that you make community presentations. Perhaps you've been invited to present at a state or national association meeting, or better yet, you've decided to try your hand at professional speaking. If any of these situations relates to you, then you'll want to pay close attention to the unit on communication. Points include the ingredients of a successful speech, using humor to persuade, one liners to use when the unexpected happens, being the introducer or moderator, things to avoid and tips on joke telling.

Also included in this unit is a chapter on humor and difficult situations. How do you use humor to say no? Can you use humor and still be assertive? Take for example the pediatrician who, while attending a party was accosted by a mother who asked him about her baby's rash. He smiled, turned over his lapel, showed her his "Off Duty" button, and recommended she bring the baby to his office in the morning.

Another chapter looks at humor and leading groups. Occasionally, you may work with a hostile group. How should you approach them? What makes people mad? The authors say that accepting the position of leader or chairperson is a big responsibil-

ity, because the success or failure of the group's working relationship depends on your ability to work with that person while maintaining control.

The final chapter in this unit focuses on women, power and humor. Blumenfeld and Alpern point out that, "if laughter can break down walls, it can crack the glass ceiling too" (page 125). They admit, however, that "some people are not willing to let women wield that much power through humor, because they fear that to laugh is to admit vulnerability" (page 128). How do you break past humor patterns? How do you find a role model for your style of humor? How do you confront sexist humor? Where does harmless joking end and harassment begin? While much of the material in this chapter addreses strategies for women, men will find the information in this chapter quite enlightening and valuable.

The fourth unit provides chapters on specific professions including secretaries, sales, teaching and health care. While the last chapter provides pertinent information, the reader would be remiss in skipping the other three chapters. They contain valuable material that can be generalized to situations within your own profession. For instance, in the chapter on sales, the authors cite a survey conducted at UCLA Medical School. Fifteen hundred high income people who were not ill were asked about the patient-doctor relationship. The study revealed that eighty-five percent had either changed doctors in the previous five years or were considering a change. "Of the five reasons for changing physicians cited by the respondents, the least important was the doctor's competence. The four more commonly mentioned reasons related to the physician's style were: (1) not taking enough time, (2) not allowing patients to express themselves, (3) being preoccupied with phone calls and (4) having poor personal habits. Medical competence was taken for granted, and it was generally bedside manner that made the difference" (page 153).

The chapter on humor and health care includes information on humor and hospitals, humor rooms, humor and training. They cite several familiar sources, such as Lee Berk, William Fry and *The Journal of Nursing Jocularity*. There's also some food for thought on humor and disabilities during the acute phase, recuperation, and humor in the long run (fun).

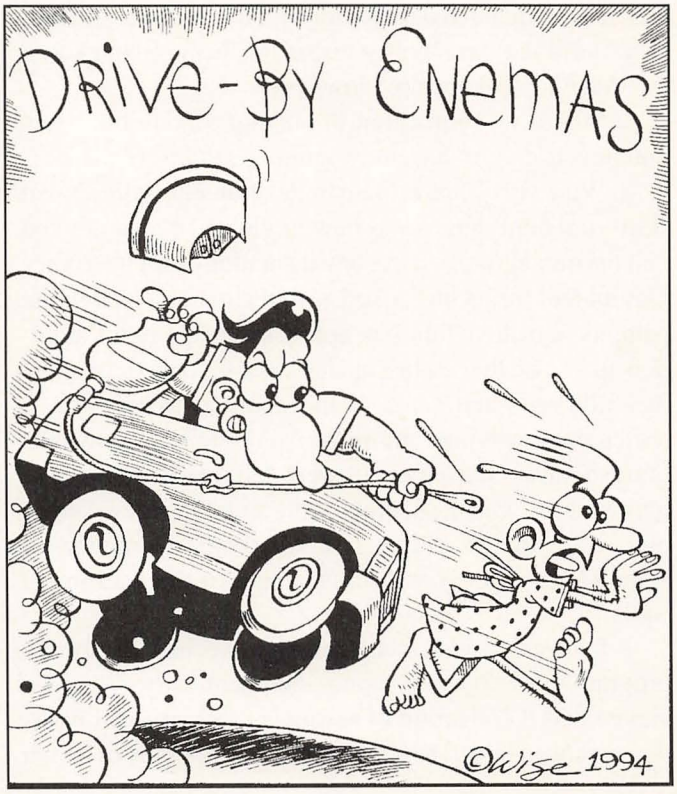
Unit five covers tips on humor and parenting. Many of you already recognize that children can be our greatest source of frustration yet also be our greatest source of humor. Some of the topics covered include the phases of humor children may go through and how to improve your family's use of humor.

The last unit includes a wealth of resources including organizations, subscriptions, consultants, programs, courses and recommended reading. It's difficult to publish this sort of information before something changes. Some of the resources they list are already outdated. However, it's an excellent springboard for those motivated to gather more information.

One thing that makes this book so appealing is the connection the authors make with the audience through their use of examples and anecdotes. Every major point is illustrated by an example that makes the point register at a gut level, not just an intellectual level.

When discussing this book over dinner, Kathy Passanisi, past president of American Association of Therapeutic Humor remarked, "If I ever was going to write a book, this is the one I wish I'd written!" Me too, Kathy!

Until the next issue, I remain yours in laughter!
Karyn



JEST for the HEALTH of IT!

by Patty Wooten, BSN, CCRN, a.k.a "Nancy Nurse"

Humor Cart for Cancer Patients
Interview with Terry Bennett

Patty Wooten: Terry, I read about your humor program with cancer patients at Fox Chase Cancer Center in Philadelphia. Can you tell us more about what inspired you to create this program?

Terry Bennett: My first introduction to the idea of adding humor to patient care began in nursing school at Westchester College in Pennsylvania. Two of my instructors, Ginette Ferszt, MSN, RN and Susan Slaninka, EdD, RN were doing clowning for hospital patients and encouraged the student nurses to use humor as a tool to enhance our nursing care. They gave us articles from nursing journals that offered guidelines for appropriate use. These included ones by Jolene Simon, Jean Sullivan, Kay Herth and one by my instructor Susan Slaninka on the magic of therapeutic clowning.

So you were inspired in nursing school, but when and how did your current program get started?

Well, first I knew I had to develop my professional skills and confidence as a new graduate. I also noticed that the nurses in our sixteen bed oncology unit were very playful and frequently joked with the patients. Both the patients and their families appreciated this extra attention. It helped them relax and lessened their anxiety about their illnesses and some of the invasive treatments. I remember one winter morning, we brought in snowballs of fresh snow. Some patients were delighted to just sit and play with it. Others, feeling more playful, threw snowballs at the nurses and interns. One angry teen released some of his rage by smashing it against the wall in his room.

I began to realize that though we had no formal program, we were using humor therapeutically. What we lacked was a collection of resources and physical items that would enable us to individualize our therapy to match each patient's unique personality, preference, skill or energy level. I decided to approach administration with my proposal for a humor cart. Sue Smolinski, RN and I gathered articles, brochures and photos of carts already in use in other hospitals. I then made a list of local retailers in our community and drafted a letter requesting donations for the cart. I wrote to video stores, book stores and toy stores requesting specific titles or types of toys. I made a telephone follow-up in about a week to answer questions.

I was surprised by the enthusiasm and generosity of the merchants. Our nursing administration was also very supportive, offering us money to purchase the items we wanted but had not received as donations.

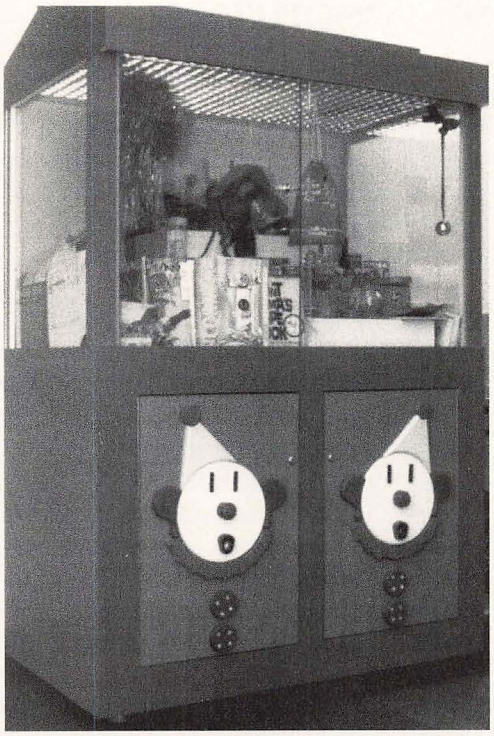
Unfortunately, dealing with the hospital administration was not that simple. There was no formal policy or procedure about implementing new projects, or seeking approval through an established chain of command. They were also concerned about appropriate choice of materials and any obligations the hospital may have in accepting these donations. One person on the board of directors even opposed the use of the name "Humor Cart" and wanted it to be called "Diversional Therapy." We submitted articles and news clips proving that humor had health benefits and was being used by many hospitals in a wide variety of methods.

What kinds of "diversions" do you have on the cart?

We have a wide variety of videos and comedy audio tapes, which can be played with a portable tape player with headphones. We have many toys, like squirt guns, Mr. Potato Head, yo-yos, kaleidoscopes, bubbles, whoopee cushions, Slinkies, backgammon, checkers, crossword puzzles and some playing cards. We also have some funny costume items, like a hat with dreadlocks attached,

clown wigs, funny hats, rubber noses. We also received a donation of a Polaroid camera with unlimited supply of discounted film from a local camera shop. This is great, because we can capture the joyful moments on film and these often are real treasures for the family.

Your Humor Cart has been up and running for about two years now. What items do you find most popular or helpful to patients?



One of the most popular videos is by Joe Kogel, called "Life and Depth." He's a cancer survivor and gives a very funny presentation about using humor to preserve your attitude and keep your hopes up. This one is often enjoyed by patients together with their whole family. (See References) Other popular videos include: *Big* with Tom Hanks, *Wayne's World* for adolescents, Laurel and Hardy, Charlie Chaplin and Buster Keaton for the seniors, and generally everyone likes *Singing in the Rain, Best of Bill Cosby, Comic Relief, Tootsie* and Lucille Ball. These are also available through mail order companies. (See References)

We've also included some audio and video tapes of peaceful environments, like seashore or meadow lands. Sometimes people want a distraction but not necessarily a humorous one. (See References)

So tell me how the Humor Cart is introduced to the patients.

Well, first of all, we leave it out in the hallway or in the patient and visitor lounge, so people can see it. It's about six feet high with big clown faces as the cabinet door handles. The doors are glass, so people can see what's inside. We keep it locked to prevent theft, and the key is kept with the narcotics keys. If someone from another floor wants to borrow it, she has to sign it out and then her unit is responsible for replacement of any lost items.

Wow, where did you ever find such a wonderful cart?

At first we just had a small utility cart, and we tried to make it look better with a colorful cloth skirt. Unfortunately, because it wasn't locked, we had many items removed and lost. Luckily, a patient service organization called Friends of American Oncologic Hospitals, offered us financial assistance and convinced our hospital engineering department to create the wonderful cart we have today. I gave the engineers a few design guidelines for shelves and doors, but I never expected a cart this special. The patients just love it.

Any suggestions for nurses who are inspired to create something similar to what you've done?

Just get involved and do it. Involve other staff to help out. Tap into your community resources for donations of supplies or money. Present to your administrative staff articles or lists of hospitals with successful programs. Provide the staff with a list of materials you want to obtain, so they can feel reassured that your choices are tasteful and appeal to a wide variety of interests. Try to find a source of ongoing funding, so you can continue to replenish the cart with new materials. Most of all, don't give up, even when others don't share your enthusiasm or question the validity of your endeavor. For me, seeing the patients smiling and laughing with staff and family and knowing how much that means when you face a life-threatening illness, has made all my efforts worthwhile.

References

Bellart, J. L. (1989). Humor: a therapeutic approach in oncology nursing. Cancer Nursing, 12(2), 65-70.

Buxman, K. (1991). Make room for laughter. American Journal of Nursing December, 46-50.

Herth, K. (1984). Laughter: A nursing R_x. American Journal of Nursing, 84(8), 991-992.

Kogel, J. Life and Depth: Very Funny Stories About Very Scary Things. Available from author: 50 Summit Ave. Providence, RI 02906 Send: $19.95 + $2.00 shipping. Or call: 401-351-0229

Simon, J. M. (1989). Humor techniques for oncology nurses. Oncology Nursing Forum, (16), 667-670.

Sullivan, J., et al. (1988) Humor and Health. Journal of Gerontological Nursing, 14(1), 20.

Audio and Video Tapes

Time Warner Viewer's Edge

Collection of wide variety of videos - large comedy selection - many under $10. P.O. Box 3925 Milford, CT 06460 (800) 228-5440

The Mind's Eye

Audio and video tapes. Unique comedy selection.

Bubbly-ography

and other humor resources

Bubbly-ography is a free service provided by the JNJ for writers, artists and organizations that help make the world a happier place. If you have suggestions for this column, send them to JNJ Bubbly-ography Dept., P.O. Box 40416, Mesa, AZ 85274.

Humorous Books & Magazines

201 Things To Do While You're Getting Better (at Home or In the Hospital) by Erica Levy Klein is the first combined activity book and self-help guide for the indisposed adult. Full of facts, tips, cartoons, crossword puzzles, and bits of inspiration, this refreshing book alleviates boredom, discomfort, and physical vulnerability of getting well. $10.95. Available at bookstores from Chronimed Publishing, Minneapolis, MN.

Alex's Restaurant by Pete Sinclair, AEMT, GN is a wonderfully funny book of cartoons about a health food restaurant. Pete seems to have his thumb on the pulse of American life, health and social issues, and everyday life, all with a keen sense of humor. East West magazine said, "Alex's is the organic Doonesbury, consistently funny and timely." To order ($8.95, 137 pages), call The Crossing Press at (800)777-1048.

Deadlier Than Death by Carolyn Chambers Clark, EdD, RN. Megan Baldwin, RN, nurse entrepreneur and self appointed detective, takes on a very complicated murder mystery with some very humorous and shady characters. She believes she is eminently prepared to be an amateur investigator. Or is she? $9.95 + 3.00 S&H. Vista Publishing, 473 Broadway, Long Branch, NJ 07740. 800-634-2498.

Death Is...Lighthearted Views of a Grave Situation a collection of observations on everyone's final destination. "Death is...having your own little place in the country" according to the authors, Steve Mickle & Rich Hillman, who prove "Death" doesn't have to be a grave situation. Send $10.45 (includes S&H) to R&E Publishers, P.O.Box 2008, Saratoga, CA 95070.

The Funny Times. If you buy the daily newspaper just so you can read the comic pages, this monthly newspaper is for you. It's all of the funny stuff, and nothing else. For information write to: Funny Times, P.O. Box 18530, Cleveland Hts, OH 44118.

The PMS Zone: A humor therapy book of cartoons about Pre-Menstrual Syndrome by Rose M. Brown. The funny side of "being possessed by hormones" every month. Covered material includes symptoms, treatments, and life in the PMS Zone. Send $7.95 (WI res. add .40 tax)+ $1.50 P&H to Skeetoonies R.M Brown, S.37 W.26867 Holiday Hill Rd. Waukesha, WI 53188.

Workshops and Seminars

Humor and Treatment: Mind, Body and Spirit presented by The American Association for Therapeutic Humor (AATH) This conference for medical, psychiatric and clergy professionals, November 4-5 in San Francisco will include Christian Hagaseth MD, Lee Berk MD & Stanley Tan MD, Allen Klein, Kathy Passinisi, Lee Glickstein, and William Fry MD. For information call 314/863-6232.

Humor Research Books & Articles

Nothing Serious, Just A Chat With The Boss by Dr. Ann Weeks, DNS has information about the advantages of humor and how humor can reduce job stress. It features some helpful hints about including humor in your job and daily life. PLUS there are pages of cartoons that can be duplicated to post in the office. $7 + 4 S&H. Passages Publishing, PO Box 5093, Louisville, KY 40205, 502-458-2461.

Therapeutic Humor Newsletters

Humor, Hypnosis & Health Quarterly is published by Chuck Durham PhD and Mary Durham, MS of the CHUCKLE INSTITUTE (Creative Humor Uses for the Clinical Knowledge of Laughter Expression). HHHQ addresses humor's role in the creation and maintenance of emotional well-being with research findings, clinical case observations and much more. For info write: CHUCKLE INSTITUTE, PO Box 15462, Long Beach, CA 90815.

The Laughter Prescription Newsletter. Jest what the doctor ordered. Each page is chock full of information and entertaining, clean jokes to tickle your funny bone. Great for patients and nurses alike. For information write: The Laughter Prescription Newsletter, 7720 El Camino Real, Carlsbad, CA 92009-8508.

Laughter Works, The Newsletter features cartoons, humor events calendar, guest authors, mirth management ideas, fun facts and lots of other hilarious stuff. Compiled by speaker Jim Pelley and all of the other crazy folks at Laughter Works Seminars. For info write: Laughter Works, P.O. Box 1076, Fair Oaks, CA 95628 or call 916-863-1592.

Gags, Gifts, Toys, & Miscellaneous

The Laugh Card is a cardboard cut-out of a wide smile with a handle to hold up to your face. The back is blank for your printed messages, labels, business note, etc. It fits into a #10 envelope. Be remembered with a "smile." The cost is 1/$1, 12/$5, 100/$35, 200/$60. S&H $3/order (MN residents add 6.5% sales tax). Send to Dr. Dale Anderson, J'ARM Inc., 2982 W. Owasso Blvd, Roseville, MN 55113, or fax 612-484-8860.

Soitenly Stooges® is the only official THREE STOOGES merchandise and memorabilia catalog. You can get shorts, ties, t-shirts, hats, dart sets, posters, videos, photos, posters, watches, books and more. They buy, sell & trade Stooge memorabilia. They even offer a "search service" for those hard-to-find Stooge collectibles. To receive a free catalog write to Soitenly Stooges, Dept JNJ, PO Box 72, Skokie, IL 60076.

Audio & Video Tapes,

Bye Bye Burnout: Lighten Your Work With Laughter by Allen Klein, author of The Healing Power of Humor, is a two cassette audio tape album that shows you how to create your own less-stress diet. The tapes will show how to use humor to cope with difficult situations, aid communication and relieve stress. To obtain the album, send $22.50ppd to Allen Klein, 1034 Page St., San Francisco, CA 94117.

When you write to these organizations, don't forget to mention the Journal of Nursing Jocularity.

Is your hospital or organization looking for a speaker for their next conference or workshop?

The Journal of Nursing Jocularity's Speakers Bureau can help you find a speaker within your budget who can talk on humor, stress, positive attitude or a similar subject. This is a free referral service.

You may reach the Journal of Nursing Jocularity's Speakers Bureau at 602-835-6165.

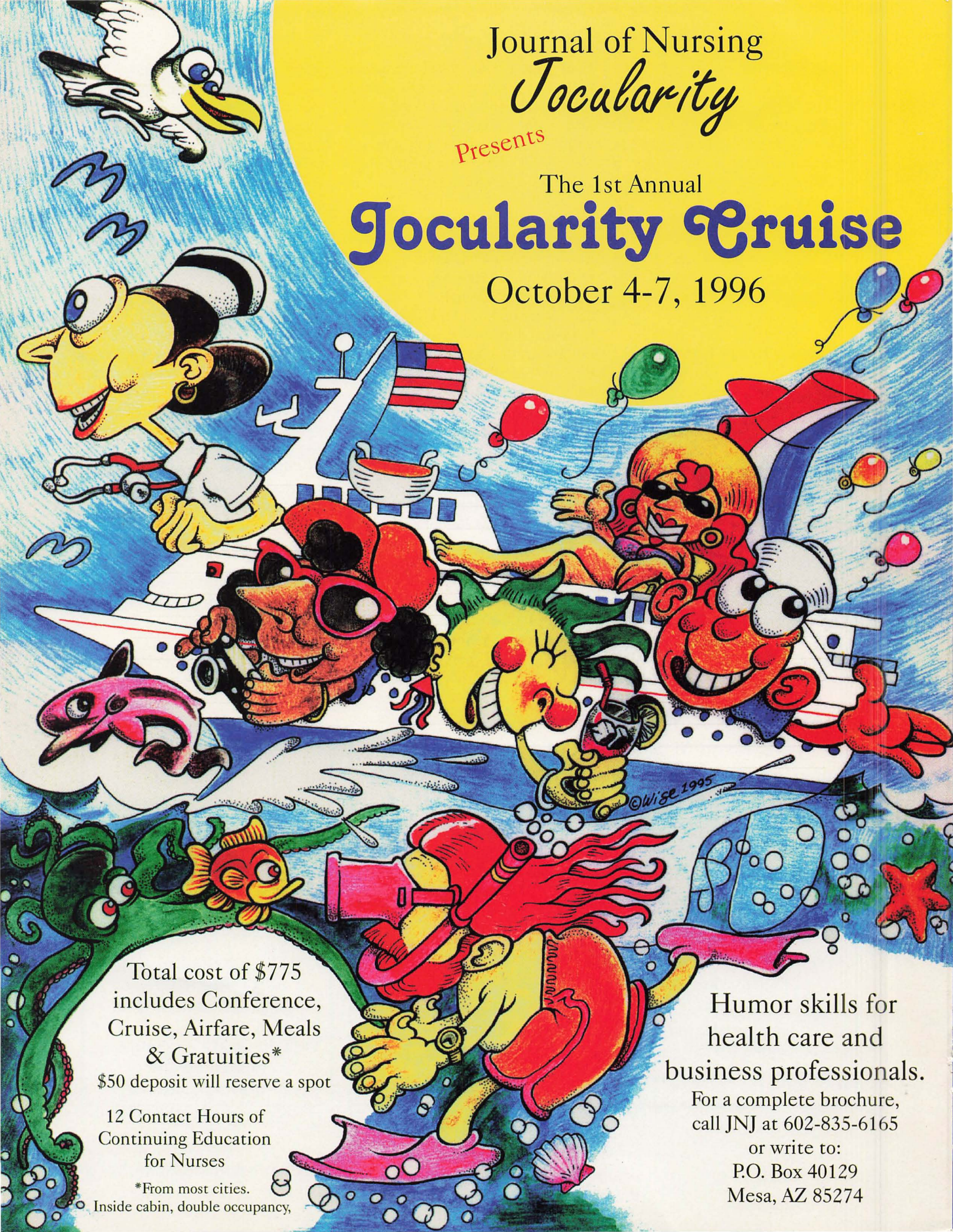
If you are a speaker on the therapeutic use of humor or related subjects and would like to be listed in our Speakers Bureau, please contact us for more information.

Writers and Artists Needed

Are your stories or artwork as funny or funnier than you've seen here? Then what are you waiting for? Send a 9 x 12 self addressed envelope with 55¢ postage to:

JNJ Contributors Info
P.O. Box 40416
Mesa, Arizona 85274

We will send you complete guidelines for submitting material.


Journal of Nursing
Jocularity
Presents
The 1st Annual
Jocularity Cruise
October 4-7, 1996
©Wise 1995
Total cost of $775
includes Conference,
Cruise, Airfare, Meals
& Gratuities*
$50 deposit will reserve a spot
12 Contact Hours of
Continuing Education
for Nurses
*From most cities.
Inside cabin, double occupancy,
Humor skills for
health care and
business professionals.
For a complete brochure,
call JNJ at 602-835-6165
or write to:
P.O. Box 40129
Mesa, AZ 85274